



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901  
 Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436  
 www.scph.org

## BUILDING AND ZONING EVALUATION APPLICATION

### Parcel Information:

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

### Applicant's Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
City State ZipCode

### Property Information and Project Details:

#### Sewage Disposal

- Sanitary Sewer
- Septic System

#### Water Source

- Municipal Water
- Private Water (well, cistern, etc.)

Please select the reason for submitting the application:

Proposed Project Type	Fee
<input type="checkbox"/> <b>Home Addition/Remodel</b> Addition to existing house that increases square footage, but not the number of potential bedrooms	<b>\$90</b>
<input type="checkbox"/> <b>Additional Property Features</b> Garage, shed, accessory buildings, pond, swimming pool, deck, etc.	
<input type="checkbox"/> <b>One Bedroom Addition</b> This is defined as the addition of habitable space which includes, but is not limited to: a bedroom, office, den, etc.	

### **Brief Project Description**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- The attached drawing includes the location of all septic system components and private water systems and distances, in feet, to the proposed project.

*I understand that any approval or disapproval is based on the information I have provided and any change in this information may result in a voided approval. This evaluation may not be used as an assessment of the septic or private water system.*

Received by: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ .00  
 Cash  
 Credit card  
 Check #: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date