



Site Review Number \_\_\_\_\_

1856 E. Perry St  
Port Clinton, Ohio, 43452  
419-734-6800  
www.ottawahealth.org

Structure/Home

**APPLICATION FOR HSTS SITE REVIEW**

- New
- Existing
- Addition

Parcel Number \_\_\_\_\_

Applicant/Property Owners Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City/State Zip Code

Location of Property \_\_\_\_\_  
Street City/State Zip Code

If a Subdivision, Name \_\_\_\_\_ Lot Number \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

**HOME INFORMATION**

Size of Home \_\_\_\_\_ ft<sup>2</sup> Number of Bedrooms \_\_\_\_\_

**LOT INFORMATION**

Total Acres \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_

Water Supply:  Public Water  Well  Hauled Water Storage Tank  Other \_\_\_\_\_

**NOTICE TO APPLICANT** - This review is required by the Ottawa County Health Department. Please allow a minimum of two weeks for the review and evaluation of the site as submitted. This does not guarantee the approval for this property. This application will only be processed when all required information and **\$450.00** fee is received. **(This application Fee is Non-Refundable and is Transferable).**

**\*Note: OAC 3701-29-01(I) "Bedroom" "means a room that is designed or used as a sleeping room or any room that could reasonably be used as or finished as a sleeping room as determined by the board of health." These rooms include but are not limited to rooms designated as a den, office, or study.**

As the owner, I request a site review of the above for proposed installation of a household sewage treatment system (HSTS). I certify that the information provided on this application is correct and truthful. I understand that if I provide misleading and/or incorrect information on the number of bedrooms that the site evaluation approval and/or permit will be null and void.

Applicant/Property Owner Name (**Print**) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use Only**

- Application completed  House plans submitted  (2) Full sets of sewage design plans
- New Sewage System  Alteration Sewage System  Replacement Sewage System  Abandonment

Site Evaluation Approval \_\_\_\_\_  
(Valid for (5) years from this date) Sanitarian Approval Date

Date Fee Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Check Number: \_\_\_\_\_