



Delaware General Health District

Dedicated to Your Health

Division of Environmental Health

1 West Winter Street, 2nd Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

Addition/Remodel Application

Please fill out the following application so that we may better serve you in this process.

Property Owner Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Phone: _____ Email: _____

Requestors Name: _____

Requestors Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Phone: _____ Email: _____

Where would you like the letter sent? (Email [quickest turnaround] /property address/other)

What type of addition/remodel/accessory building is being proposed? (Please be as specific as possible type/rooms/square footage etc.)

What type and size of sewage system do you currently have, if known?

What is the water supply for the property?
 Private water system (e.g. well) Public water supply (e.g. Del-Co Water)

If you answer yes to any of the items below, please ask to speak to a Sanitarian.

1. Did the property in question receive its final sewage permit approval within the last year or currently have an open permit?

- Yes (*Please ask to speak to a Sanitarian*) No

2. Will the building you are constructing be a movable structure? If yes, explain _____

- Yes (*Please ask to speak to a Sanitarian*) No

3. Is the only addition to the property a fence?

- Yes (*Please ask to speak to a Sanitarian*) No

Please See Reverse

