



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

Adjacent Property Transfer Application

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

A fee is due at the time of the submittal of this application. The fees will be determined by the number of lots and the current Environmental Health fee schedule located at www.delawarehealth.org. Typical turnaround time is 5-7 days. The Sanitarian responsible for your township will be in contact with you should any questions arise during the process.

Property Owner Name: _____

Property Address: _____

Existing Parcel #(s): _____ Number of Lots to be Transferred: _____

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

Phone: _____ Email: _____

Requestors Name: _____

Requestors Address: _____

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

Phone: _____ Email: _____

Where would you like the correspondence sent? (Email [quickest turnaround] /property address/other. All requests for corrections will go to this destination.) _____

Subdivision name, if applicable: _____

Please ensure the current sewage treatment system and all proposed and existing property corners are flagged on the lot and include a sketch plan including proposed property lines.

I agree that I have read the above and submit my fee accordingly.

Signature: _____ Date: _____

-----OFFICE USE ONLY-----

Receipt #: _____ Receipt Date: _____ Received by: _____

EH HDIS Entry by: _____ Date: _____

Site Review Completed by: _____ Date Completed: _____

Plan Review Completed by _____ Date Completed: _____

Disapproval Date(s): _____