



Public Health
Prevent. Promote. Protect.
Cambridge-Guernsey County

Cambridge Guernsey County Health Department
326 Highland Ave. Cambridge, OH 43725
740-439-3577
740-432-7463
www.guernseycountyhealthdepartment.org

SITE REVIEW APPLICATION

****THIS IS NOT A PERMIT****

APPLICANT INFORMATION:

Site Address: _____

Parcel #: _____ Township: _____

Subdivision: _____ Lot # _____

Owner: _____ Phone: _____

Applicant: _____ Phone: _____

Mailing Address: _____

E-Mail Address: _____

SITE INFORMATION:

Acres: _____ New Construction Yes No Structure(s) Staked: Yes No Lot Staked: Yes No

Lot Cleared: Yes No If No, when will it be cleared? _____ Number of Bedrooms: _____

Additional buildings on site: Yes No If Yes, is there indoor plumbing for additional building: Yes No

Plumbing in Basement Yes No Have you applied for plumbing permit: Yes No N/A

CONTRACTOR INFORMATION: (Please provide as much information as possible):

Soil Scientist: _____ Phone: _____

System Designer: _____ Phone: _____

Installer: _____ Phone: _____

I agree to construct, install, and operate the household sewage treatment system in accordance with Chapter 3701-29 of the Administrative Code, and with the specification indicated on the approved design and permit issued by the Cambridge-Guernsey County Health Department. I further agree that I will call the Cambridge-Guernsey County Health Department for final inspection of the installation 24 Hours prior to its being covered with earth.

I acknowledge the permit will expire one year from the date of issuance by the Cambridge-Guernsey County Health Department or upon completion of the installation of the household sewage treatment system, whichever comes first.

I acknowledge that no household sewage treatment system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Cambridge-Guernsey County Health Department.

I acknowledge that no household sewage treatment system can be guaranteed because of soil characteristics. Only workmanship is considered at the time of inspection. The Cambridge Guernsey County Health Department assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential.

Please be advised that an approved site review is valid for 1 years from the date of approval or disapproval and an issued permit is valid for 1 year.

APPLICANT SIGNATURE: _____ DATE: _____

Applying for:	
Building:	Permit type:
<input type="checkbox"/> Residential	<input type="checkbox"/> New
<input type="checkbox"/> Public/Commercial	<input type="checkbox"/> Replacement
_____	<input type="checkbox"/> Alteration
Site Eval Fee: <u>\$100.00</u> Date Paid: _____	
Receipt No: _____	

