

# Paulding County Health Department Application for Technical Review of Minor Subdivisions (Creating Parcels 5 Acres or Less in Area)

(Approval will not be granted until all department requirements are met and all fees are paid)

SITE LOCATION (Please stake before submittal)		LOT DESCRIPTION
Township:	Access Road:	Original Parcel Size:
Section:                      Quarter:	House No. (If Applicable):	No. of Lots:
Zoning (If Applicable): YES – CHAD DOTSON INSPECTOR	Address of Adjacent Properties: _____	Acreage Range of Lots:
Applicant/Agent Name:	Owner Name:	Surveyor Name:
Mailing Address:	Mailing Address:	Mailing Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Fax:	Fax:	Fax:
<b>BRIEFLY DESCRIBE WHAT YOU ARE PROPOSING</b> (Attach separate sheet if necessary):		
<b>Submittal Requirements for the Paulding County Health Department for Technical Review Minor Subdivisions</b> (Creating Parcels 5 Acres or Less in Area)		
The following information is required for the initial review and is not meant to imply that other information or data may not be required by the reviewing department. During the review, additional information or requirements specific to this application may become necessary.		
1. Copy of Survey Plat (for all lot splits) (PROPOSED WILL WORK)		
2. Tax map of property: ONLY IF THERE IS A REMAINDER AFTER SPLIT IS LESS THAN 5.0 AC.		
3. Aerial w/contours		
4. Sketch of Proposal showing Lot lines, buildings, driveways, well & septic locations, along with dimensions and distances (for building lots)		
4. Soil Map		
5. Floodplain Map & Panel		
6. EPA Report (Over 9 lots)		
7. Water Availability Report		
8. Easements: ARE THERE ANY BESIDES UTILITIES?		
I certify that all information contained in this application and its supplements are true and correct and authorize access to the property for review purposes.		
<b>APPLICANT/AGENT SIGNATURE:</b>		
Health Department Contact:		
419-399-3921	419-399-3494	pchd@pcohd.com
Paulding County Health Dept. Lot Review fee per lot		\$75.00 x ___ = \$