



Columbiana County Health District

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Site Review, Soil Evaluation & Lot Split Application

OFFICE USE ONLY		
Receipt# _____		Date: _____
Paid by Check # _____		Cash () _____
Date Paid	Receipt#	Check# or Cash

Site Review [] \$285.00	Soil Evaluation* [] \$595.00	Both [] \$880.00	Lot Split** [] Site Dependent
* Excavation equipment must be arranged by the property owner for the soil evaluation. ** Please speak to the office about lot split pricing.			

Payment is due prior to inspection.

Property owner: _____

Mailing address: _____

Phone: _____

E-mail: _____

Site address: _____

Parcel #: _____

Township: _____

Lot Size: _____

Number of bedrooms: _____

Subdivision name/Lot number (if applicable): _____

Contractor: _____

Phone: _____

Please initial on the line provided to indicate that you understand after submitting this request the fee is non-transferable and non-refundable. Initial: