

Clark County Combined Health District (CCCHD)
Division of Environmental Health
529 E. Home Road
Springfield, Ohio 45503
Phone: 937-390-5600 Fax: 937-390-5625

Application for Subdivision Review
Application Fee \$120.00 (Per Lot)

Receipt # 8655

Address: <u>3600 Hustead</u>	Parcel Number:
Property Location (If No Address): N/S/E/W Side of _____ Feet N/S/E/W side of _____ Or: NW/E/W Corner of _____ and _____	
Check Type of Lot Review Requested: <input type="checkbox"/> New Lot <input type="checkbox"/> Lot with Existing Home	
Number of Lots <u>3</u> Acreage of Proposed Lots _____ Acreage of Original Lot _____	

Applicant Information:

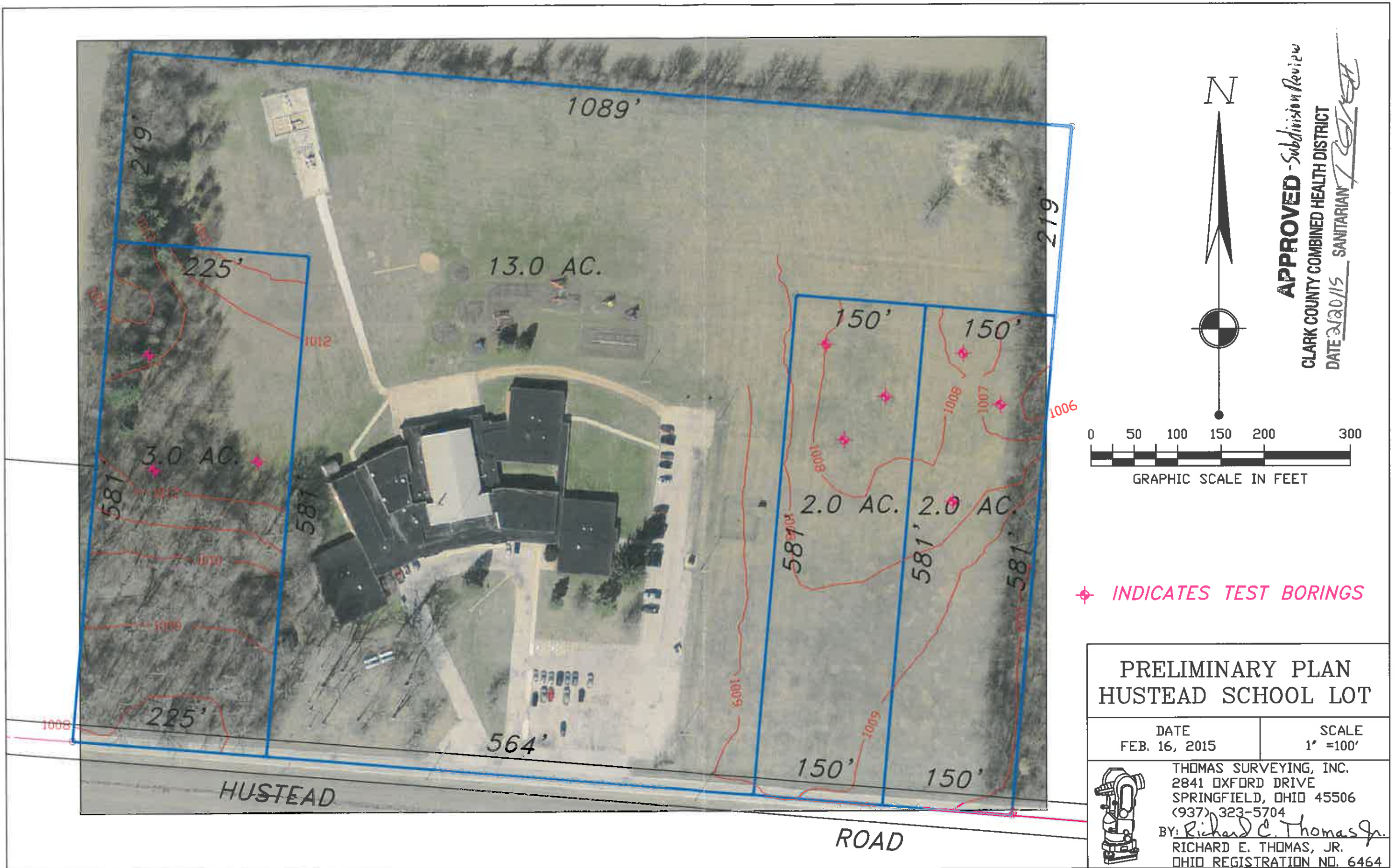
Name <u>BILL WADDLE AGENT FOR GREENON School Dist</u>			
Address <u>500 ENON KENIA Rd</u>	City <u>ENON</u>	State <u>Ohio</u>	Zip <u>45323</u>
Telephone Number <u>937 2156886</u>	Cell Phone Number: <u>937 2156886</u>		

Owner information, if different from applicant:

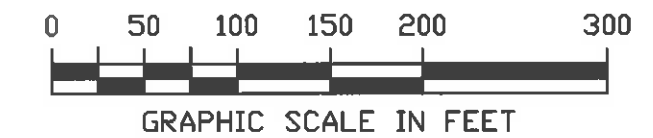
Name <u>GREENON School Board of Education</u>			
Address <u>SAME</u>	City	State	Zip
Telephone Number:	Cell Phone Number:		

By signing this permit, you agree to abide by any and all state laws and regulations and by regulations set forth by the Clark County Combined Health District.

Applicant Signature: <u>[Signature]</u>	Date: <u>2-18-15</u>
For Health Department use only:	
Application Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspector Signature: <u>[Signature]</u> Date: <u>2/20/15</u>
Approval Stipulations: <u>see attached survey and soil evaluations</u>	



APPROVED - Subdivision Review
CLARK COUNTY COMBINED HEALTH DISTRICT
DATE 2/20/15 SANITARIAN *[Signature]*



★ INDICATES TEST BORINGS

PRELIMINARY PLAN HUSTEAD SCHOOL LOT	
DATE FEB. 16, 2015	SCALE 1" = 100'
THOMAS SURVEYING, INC. 2841 OXFORD DRIVE SPRINGFIELD, OHIO 45506 (937) 323-5704 BY: <i>Richard E. Thomas, Jr.</i> RICHARD E. THOMAS, JR. OHIO REGISTRATION NO. 6464	