



MORROW COUNTY HEALTH DISTRICT

Stephanie Bragg, RN, BSN, MHA, Health Commissioner
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www.morrowcountyhealth.org

NPA Lot Split Application

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

Property Owner Name: _____

Property Address: _____

Parcel #: _____ Number of Lots: _____

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: _____

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.morrowcountyhealth.org. Typical turnaround time is 7-10 days. The Sanitarian will be in contact with you should any questions arise during the process.

Review the NPA Lot Split/ RPC Subdivision review checklist prior to submittal to ensure you plan has all required information. The checklist can be located at <http://www.morrowcountyhealth.org/about-us/forms/>.

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:** _____ **NPA #:** _____

Site Review Completed by: _____ Date Completed: _____

Plat Review Completed by: _____ Date Completed: _____

Disapproval Date(s): _____