

R. Joseph Ebel, R.S., M.S., M.B.A.
Health Commissioner



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Licking County Health Department

675 Price Road

Newark, OH 43055

Application for a Major Subdivision Review

Name of Subdivision: _____	
Property Owner: _____	
Contact Person: _____	
Mailing Address: _____	
Email Address: _____	
Location of Subdivision: _____	
Township: _____	Number of Proposed Lots: _____
Required Fee: \$75.00 per lot	
Total Amount Due: _____	
_____ Signature	_____ Date

The Licking County Health Department (LCHD) will review this subdivision application once all the required information is received. LCHD will provide the contact person listed above with a written summary of the review within 30 days of the required information being received.

LCHD Use Only

Date Application Received: _____ Date Required Information Received: _____

Received By (Sanitarian): _____ Date Review Completed: _____