



Brown County Health Department

826 Mt Orab Pike, Georgetown, OH 45121

www.browncountyhealth.org

Health Commissioner: Kyle D. Arn, MS, RS

Our mission is to protect and improve the health of Brown County residents by providing preventive services, ensuring healthy environments and promoting healthy lifestyles.

PHONE: 937.378.6892 | TOLL FREE: 866.867.6892 | FAX: 937.378.4301 | MON-FRI 8AM - 4:30PM

Subdivision Review Application

Applicant: _____

Mailing Address: _____

Phone Number: _____

Township: _____

Plot Map must be attached.

Address of Subdivision: _____

Lot #: _____ Lot size: _____ Acres **OR** _____ ft x _____ ft

Directions to Subdivision: _____

What will be the use of the property?

___ Building/Future Building Site

___ Recreational*

___ Agricultural*

___ Transfer to an Adjoiner**

*When a lot split is 5 acres or more and is intended to be only used for recreational or agricultural and the planning commission has placed the appropriate stamp to the lot split and legal description, then this split will not be reviewed by the Brown County Health Department. Note: If the lot was ever to be used for a residential/commercial building site, then it would then have to be inspected by the Brown County Planning Commission and the Brown County Health Department.

--- For the definition of agricultural and personal recreational purposes exemption, please refer to 350.08 of the Brown County Planning Commission subdivision regulations.

**If the lot split is done as a transfer to an adjoiner and the O.R.C. 711 stamp is placed on the plat and legal description, then this lot split will not be reviewed by the Brown County Health Department. Note: If the lot was ever to be used for a residential/commercial building site, then it would then have to be inspected by the Brown County Planning Commission and the Brown County Health Department

All the above information is true and complete, and the inspector has my permission to enter said property during reasonable hours for the purpose of inspection, disclose history records, and contact pumpers and/or inspectors.

Applicant's Signature: _____

Date: _____

Office Use Only

Date Received: _____

Received by: _____

Receipt # _____