

Building Site Review Application

□Sewage System □Water Well (Please check each new applicable request.)

To prevent building too close to private sanitary facilities, proposed construction requiring a building permit by the Logan County Building Authority (LCBA) must first be reviewed by the Logan County Health District (LCHD).

Construc	ction Site Address: _				
Type of I	Proposed Construct	ion (if applicable):			
Applican	t Name (please prin	nt):	Township:		
Mailing A	Address:				
Phone: _	ne:Email:				
Applican	t Signature:		Date:		
Property	Owner (if different	than applicant):			
Phone: _	Email:				
If you a may be	answered <u>Yes to bo</u> submitted to the L swered <u>No to either qu</u>	uilding) the property have th questions, no further ogan County Building Au	action is require thority with yo provide the following the control of the following t	red from the LCHD. ur building permit aposition to the	plication.
If known,	Year of Sewage Syste	em Installation:	Year of Wat	er Well Installation:	
scaled dra structures Also inclu lines or se Indicate a Include th	awing with a North as such as houses, add de property lines, roa eptic tanks and sewagany streams, lakes, p	led aerial photograph from arrow of the location of the litions, garages, barns, stabled dways and any rights-of-water systems (including the sevents, ditches, geothermal synthesis (sevents)	e proposed const es, storage build by or easements. S vage replacemen systems, and abo	ruction. Include all neadings, pools, decks/pations Show any existing or protest area), water lines and ove or below ground st	arby existing s and drives. posed sewer water wells. orage tanks.
	OFFICE USE ONLY Buildin	Building Site Review = \$25 ng Site Review + Site Visit = \$100 Note: Fees waived if also	Date Paid	Receipt	
	Date Received/Initials	Plans submitted are:	APPROVED	DISAPPROVED	
	Plans Reviewer	Date Reviewed	Date Plans Retur	ned/Discarded/Filed	