



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
 Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
 www.scph.org

BUILDING AND ZONING EVALUATION APPLICATION

Parcel Information:

Property Address: _____

City: _____ Zip: _____ Parcel ID: _____

Applicant's Information:

Name: _____ Phone #: _____

Email: _____

Address (if different): _____
City State ZipCode

Property Information and Project Details:

Sewage Disposal

- Sanitary Sewer
- Septic System

Water Source

- Municipal Water
- Private Water (well, cistern, etc.)

Please select the reason for submitting the application:

Proposed Project Type	Fee
<input type="checkbox"/> Home Addition/Remodel Addition to existing house that increases square footage, but not the number of potential bedrooms	\$90
<input type="checkbox"/> Additional Property Features Garage, shed, accessory buildings, pond, swimming pool, deck, etc.	
<input type="checkbox"/> One Bedroom Addition This is defined as the addition of habitable space which includes, but is not limited to: a bedroom, office, den, etc.	

Brief Project Description

- The attached drawing includes the location of all septic system components and private water systems and distances, in feet, to the proposed project.

I understand that any approval or disapproval is based on the information I have provided and any change in this information may result in a voided approval. This evaluation may not be used as an assessment of the septic or private water system.

 Signature of Applicant

 Date

Received by: _____
 Amount: \$ _____ .00
 Cash
 Credit card
 Check #: _____
 Invoice No: _____



Submitting Your Completed Application

Please select one of the following methods to submit your application and payment:

In person: Bring the application to 1867 W. Market St. (You will need to come into Building A to have your temperature checked and you will be escorted back to the Environmental Health Division office).

Drop box: Bring the application to 1867 W. Market St, drive around to Building C, there is a drop box outside to the right when facing the building marked door #7 in red (please do not leave cash in the drop box).

By mail: Mail the application along with a check or money order to: Summit County Public Health, Attn: EH, 1867 W. Market St., Akron, OH 44313. Checks or money orders can be made payable to SCPH.

By email: Email the application to ehpayments@schd.org wait 10 to 15 minutes and call 330-926-5600 to give your credit card information (there is a 2.5% fee to pay with a credit or debit card by phone or in person).

If you have additional questions, please contact our office at 330-926-5600.