



ST. JOSEPH COUNTY  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

**St. Joseph County Health Department**  
"Promoting physical and mental health and facilitating the prevention of disease, injury,  
and disability for all St. Joseph County residents"

**APPLICATION FOR HEALTH OFFICER REPORT FOR SUBDIVISION**

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Reports are sent via email to Applicant and Area Plan. Please include name/email address of others you wish to receive reports:

\_\_\_\_\_  
\_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_

**Lot numbers created by this action:** \_\_\_\_\_

**Type of Request:** Check type and complete number of lots.

Major: \_\_\_\_\_ # of lots: \_\_\_\_\_ Minor: \_\_\_\_\_ # of lots: \_\_\_\_\_ Replat: \_\_\_\_\_ # of lots: \_\_\_\_\_

Anticipated use of subdivision: \_\_\_ Residential \_\_\_ Commercial \_\_\_ Other: \_\_\_\_\_

**Site Information:**

Street name/s: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Distance from municipal service to nearest property line: Water \_\_\_\_\_ Sewer \_\_\_\_\_

**Required Attachments:**

Attach a soil report consistent with Health Department requirements.

Attach the following as submitted to the Area Plan Commission:

Plot plan

Support data sheet

Other information specified by the Health Department (See process for obtaining Health Officer Reports).

Please send all electronic correspondence to [envirohd@sjcindiana.com](mailto:envirohd@sjcindiana.com)

Revised 6/25/2018

\_\_\_\_\_  
Signature of Applicant or Representative Date

\_\_\_\_\_  
Printed name

<b>For Health Department Use Only:</b>	
Application #:	_____
Transaction #	_____
Date:	_____