



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

# St. Joseph County Department of Health

*"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."*

## 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 Department of Health requirements.

Attach the following as submitted to the Area Plan Commission:

Plot plan

Support datasheet

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

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

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

\_\_\_\_\_  
Date

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

### For Department of Health Use Only:

Application #: \_\_\_\_\_

Transaction # \_\_\_\_\_

Date: \_\_\_\_\_