

**BUTLER COUNTY HEALTH DEPARTMENT**

301 S. Third Street  
Hamilton, OH 45011  
(513) 863-1770  
Hours M-F 8:00 – 4:00

\_\_\_\_\_ Fee  
\_\_\_\_\_ Rect. #  
\_\_\_\_\_ Date

**SANITATION REVIEW FOR DEED TRANSFER**

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

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Grantor: \_\_\_\_\_

Grantee: \_\_\_\_\_

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

Location of Parcel to be transferred or split:

Township: \_\_\_\_\_ Road: \_\_\_\_\_

Other: \_\_\_\_\_

Area in parcel to be transferred: \_\_\_\_\_

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

Is this parcel to be used for a new dwelling site? \_\_\_\_\_

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

Other \_\_\_\_\_

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

Approval \_\_\_\_\_

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

Disapproval \_\_\_\_\_

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

\_\_\_\_\_  
Sanitarian - Butler County Health Department

\_\_\_\_\_  
Date