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