

**ISLE OF WIGHT COUNTY
CHESAPEAKE BAY PRESERVATION AREA ORDINANCE
HEALTH DEPARTMENT EVALUATION FORM**

The issuance of a sewage disposal permit is subject to compliance with the Rules and Regulations of the Board of Health of the Commonwealth of Virginia and the Chesapeake Bay Preservation Area Ordinance of the County of Isle of Wight at the time the application is made.

Please complete the top portion of this form and prepare a site plan in accordance with the sewage disposal permit guidelines. This form and the site plan must be submitted to the Isle of Wight County Department of Planning and Zoning for review before the Board of Health can accept a sewage disposal permit application.

DATE: _____ **TAX MAP NUMBER:** _____

PROPERTY OWNER NAME: _____

OWNER'S ADDRESS: _____

PHONE: _____ **EMAIL:** _____

APPLICANT'S NAME (if different than owner): _____

APPLICANT'S ADDRESS: _____

PHONE: _____ **EMAIL:** _____

IS THE SEWAGE DISPOSAL AND/OR WELL PERMIT FOR A NEW LOT? (PLEASE NOTE THAT A SEPARATE FORM MUST BE SUBMITTED FOR ANY NEW LOT): _____

LOT SIZE: _____ **LOT RECORDED BEFORE OCTOBER 1, 1989?** _____

PROPOSED USE: _____

(THE FOLLOWING COMPLETED BY DEPARTMENT OF PLANNING AND ZONING)

IS THE SUBJECT PROPERTY WITHIN THE CHESAPEAKE BAY PRESERVATION AREA? _____

DOES THE SUBJECT PROPERTY HAVE AN RPA LOCATED ON THE SITE? (Must be Based on BOTH County GIS data and Aerial Photo OR a Site Specific Delineation, if available): _____

DOES THE SUBJECT PROPERTY REQUIRE A PRIMARY AND A RESERVE DRAINFIELD? _____

WATER SUPPLY: _____

COMMENTS: _____

ISLE OF WIGHT COUNTY – DEPARTMENT OF PLANNING AND ZONING

DATE: _____ **SIGNATURE:** _____