

NORTHWEST MICHIGAN COMMUNITY HEALTH AGENCY
The Health Department of Northwest Michigan
Condominium/Subdivision Project Review Application

Subdivision and Site Condo Evaluation Request			For Department Use
Type of Development: <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Condominium <input type="checkbox"/> Condominium	Proposed Water Supply: <input type="checkbox"/> Individual <input type="checkbox"/> Municipal <input type="checkbox"/> Type III <input type="checkbox"/> Type I	Proposed Wastewater Treatment: <input type="checkbox"/> Individual On-site <input type="checkbox"/> Community On-Site System # of Systems Proposed: _____ <input type="checkbox"/> Municipal	Fee _____ Computer ID # _____
A	Property Owner	Property Information	
	Name	Property Tax ID #	
	Address	Property Location Address	
	City State Zip	County	
	Telephone #	Township Name	Section #
B	Developer (if other than above)	Is this Waterfront Property?	
	Name	If yes, what body of water?	
	Address	Size of Parcel	
	City State Zip	Proposed Subdivision Name	
	Telephone #	Proposed Number of Lots/Units	
C	Consulting Engineer/Surveyor	Additional Information, if needed:	
	Name		
	Firm Name		
	Address		
	License #		
	Office Phone # Cell Phone #		
	Fax #		
<p>The condominium/subdivision project review application must include a proposed condominium subdivision plan/plat. If possible, please also include an 11" x 14" (or smaller size) copy for field use.</p> <p>For projects proposing on-site wastewater treatment/disposal, contact the Charlevoix office at the number listed below, to schedule a site visit to evaluate soil suitability. For projects proposing on-site water supplies, information pertaining to water supply suitability must be provided. Project evaluation will not commence until either the site evaluation has been scheduled or sufficient water supply information has been submitted for review. All project reviews will be in accordance with local sanitary code requirements, State of Michigan Administrative Rules for On-Site Water Supply and Sewage Disposal for Land Divisions and Subdivisions, Michigan Criteria for Sub-surface Sewage Disposal, or other applicable rules.</p> <p>Please complete this application and submit, along with payment to: Northwest Michigan Community Health Agency 220 West Garfield Charlevoix, MI 49720 231-547-6523</p> <p>Signature of Owner or Agent _____ Date _____</p>			

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ CC _____ Receipt #: _____