

<input type="checkbox"/> One Single Family Home Site - \$387 Additional Sites: ____ x \$76 ea. = ____ <input type="checkbox"/> Land Split <1 acre – <i>Additional \$108</i> <input type="checkbox"/> Non-Residential Evaluation - \$490	<input type="checkbox"/> Condo/Subdivision Review - \$1005 # Lots over 25: ____ x \$50 ea. = ____ <input type="checkbox"/> Comm. Wastewater Only - \$538 <input type="checkbox"/> Water Supply Review Only - \$240	<b>FOR DEPARTMENT USE</b> Fee _____ Application # _____
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**Property Information**    Year Existing Parcel Created:  Prior to 1997    1997-present    Size of Parcel: \_\_\_\_ acres

Is Evaluation for Proposed Land Split?  Yes    No    Are Divisions of Parcel <1.0 Acres Proposed?  Yes    No

County: \_\_\_\_\_

**Property Tax ID# (MANDATORY):** \_\_\_\_\_ Township: \_\_\_\_\_ Section#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

**Owner Information**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Send Report to (if other than owner)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone Number(required): \_\_\_\_\_ Email: \_\_\_\_\_

**Drainfield location identified:**     Yes    No    If No, by what date: \_\_\_\_\_

The area of the proposed drainfield must be clearly identified by **digging 36"-48" deep test holes**, providing flagging or marked in a manner that is highly visible and positively defines the proposed area(s).

**Note:** Sites with difficult soil conditions may require **backhoe excavations**, at the owner's expense, to complete site evaluation activities.

**For Subdivision/Condominium Proposals**

<b>Developer:</b> Name _____ Address _____ City _____ State ____ Zip _____ Telephone # _____	<b>Consultant (Engineer/Surveyor):</b> Name _____ Firm Name _____ License # _____ Office Phone _____ Cell # _____ Fax # _____
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Parent Parcel Size: \_\_\_\_ acres      # of Lots Proposed: \_\_\_\_      Average Size of Each Lot: \_\_\_\_ acres

Wastewater:  Community    Individual On-site      Water Supply:  Community    Individual On-site

This department requires that the owner or his/her representative draw a site plan and directions to the property described above. Please use the back of this form and attach the appropriate documentation. Failure to draw a site plan, or provide adequate directions to the property may delay the process of this permit/report.

I hereby authorize Health Department of Northwest Michigan to access the above described property to determine its suitability for the development plans indicated, to conduct such tests as may be necessary in order to obtain information required for this evaluation, and to conduct inspections of permitted facilities. I also agree to comply with the requirements of the District Sanitary Code for the county, and with the applicable laws of the State of Michigan.

**Signature of Owner:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

