

# Site Evaluation Application Otsego County

☐ One Single Family Home Site - \$375		FOR DEPARTMENT USE					
$\Box$ Additional Single Family Home Sites: # of Home sit	es x \$73 ea. =	Fee					
$\square$ Non-Residential Evaluation - \$475		Application #					
$\square$ Condo/Subdivision Review - \$965							
Property Information							
County:							
Property Tax ID# (MANDATORY):	Township:	Section#:					
Address:	City:	Zip code:					
Subdivision:	Lot #:	_					
Year Parcel Created: ☐ Prior to 1997 ☐ 1997-present Size of Parcel: ☐ <1.0 acre ☐ >1.0 acre							
Are Divisions of Parcel <1.0 Acres Proposed? $\Box$ Yes	□ No						
Owner Information							
Owner Name:							
Mailing Address:							
Phone Number:	Email:						
Send Report to (if other than owner)							
Name:							
Address:C		State: Zip code:					
Phone Number(required):							
Are Test Holes Dug? ☐ Yes ☐ No If NO, date rea	dv:						
Test holes are <u>required</u> in proposed drainfield location		r easy identification. Evaluation will not be					
performed if test holes are not prepared ahead of site vis	it. Sanitarian reserves the right to request a	a backhoe be present for difficult sites.					
For Land Divisions < 1.0 acre and Subdivision/Condo							
Developer:	Engineer:						
Name	<del>- 0</del>						
Address							
City State Zip _							
Telephone #		Cell #					
· ·							
This department requires that the owner or his/her representative and attach the appropriate documentation. Failure to draw a site p							
Since many interrelating factors contribute to the failure of a sewage Northwest Michigan that successful operation is assured.	ge disposal system, approval cannot be considere	d a guarantee by Health Department of					
I hereby authorize Health Department of Northwest Michigan to ac	cess the ahove described property to determine	its suitability for the development plans indicated					
to conduct such tests as may be necessary in order to obtain inform	nation required for this evaluation, and to conduc	t 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/Agent:	Phone #:	Date:					

EH-119-O; 1/17



# **Site Evaluation Application**

Directions to site: (include name of nearest crossroad/landmarks/neighboring house number)						

## **INCLUDE ON SKETCH:**

- 1. Property lines/dimensions
- 2. Location of any buildings include distance to roads/landmarks
- 3. Well locations (proposed and/or existing) distance to septic/drain field
- 4. Neighboring well/septic system location
- Septic tank and drainfield location(s) proposed and/or existing
- 6. Location(s) of streets/roads
- 7. Location(s) of body(ies) of water
- 8. Location(s) of underground and above ground fuel storage tanks
- 9. Test hole locations
- 10. Indicate proposed additions/changes to existing buildings for remodeling
- 11. Attach existing and proposed floor plan for remodeling.
- 12. Location of utilities; i.e. electric, gas, phone

## PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 1/2" x 11") Property Survey

## **Office Locations**

# ANTRIM

209 Portage Dr. Bellaire, MI 49615 (231) 533-8670 Fax (231) 533-8450

### Charlevoix

220 W. Garfield Charlevoix, MI 49720 (231) 547-6523 Fax (231) 547-6238

### Emmet

3434 Harbor-Petoskey Rd., Suite A Harbor Springs, MI 49740 (231) 347-6014 Fax (231) 347-2861

# Otsego

95 Livingston Blvd. Gaylord, MI 49735 (989) 732-1794 Fax (989) 732-3285

FOR HEALTH DEPARTMENT USE ONLY:							
Date Received:	Amount Received:	Cash:	_Check:	_ CC#			
Receipt #:	☐ Pending: Reason:			☐ Denied			
☐ Approved for Use							
Sanitarian's Signature			Date of Inspect	tion:			

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