



Site Evaluation Application Otsego County

- One Single Family Home Site - \$375
- Additional Single Family Home Sites: # of Home sites _____ x \$73 ea. = _____
- Non-Residential Evaluation - \$475
- Condo/Subdivision Review - \$965

FOR DEPARTMENT USE
Fee _____
Application # _____

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? Yes No

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: _____

Are Test Holes Dug? Yes No **If NO, date ready:** _____

Test holes are **required** in proposed drainfield location and must be 36"-48" deep and marked for easy identification. Evaluation will not be performed if test holes are not prepared ahead of site visit. Sanitarian reserves the right to request a backhoe be present for difficult sites.

For Land Divisions < 1.0 acre and Subdivision/Condo

Developer:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Engineer:

Name _____

Firm Name _____

License # _____

Office Phone _____ Cell # _____

Fax # _____

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.

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by Health Department of Northwest Michigan that successful operation is assured.

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/Agent: _____ Phone #: _____ Date: _____

