



# HEALTH DEPARTMENT

of Northwest Michigan

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**Dental Clinics North  
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220 W. Garfield Ave.  
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**Hospice of Northwest  
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**Northern Michigan  
Regional Lab**  
95 Livingston Blvd.  
Suite D  
Gaylord, MI 49735  
989 732 1794  
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February 5, 2018

RE: New Applications and Owner Signature Requirement

To Whom It May Concern,

The Health Department of Northwest Michigan (HDNW) has recently conducted a program review and has changed some of its documents, procedures and policies. Please be aware that there are new applications and that older applications will not be accepted and should be discarded.

Our new applications can be found at [www.nwhealth.org](http://www.nwhealth.org) or available at any of our branch offices. Be sure to review the new applications as there have been several changes.

### OWNER SIGNATURE REQUIRED

The most significant change to the application process is that we cannot accept applications that are not signed by the owner of the property. This change resulted from a legal review of our application process and current Right-of-Entry and Inspection regulations. This may create some delay in processing an application, so be sure to have your clients sign applications for submittal if you are accustomed to filling them out on their behalf.

Front office staff have been instructed that these changes will be strictly enforced at the time of application.

If you have special circumstances or need to discuss this matter, contact me directly at 231-547-7651.

Respectfully,

  
Scott Kendzierski, REHS, MS  
Director of Environmental Health Services

cc. HDNW County Environmental Health Staff





Application - Existing System Evaluation
Antrim, Charlevoix and Emmet Counties

- Addition/Remodel - \$265
Successor Building - \$265
Change of Use (Non-Residential Only) - \$265

FOR DEPARTMENT USE
Fee
Application

Property Information

County:
Property Tax ID# (MANDATORY):
Township:
Section#:
Address:
City:
Zip code:
Subdivision:
Lot #:

Existing number of bedrooms (including bonus rooms):
Total proposed number of bedrooms (including bonus rooms):

Note: Application will not be processed without existing and proposed floor plans
(All rooms must be labeled and accessory structures identified)

Owner/Contact 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:
Email:

2017 District Sanitary Code Reference

Bedroom (Section 2-7): Any space in the conditioned area of a dwelling unit or accessory structure which could reasonably be expected to be used for the placement of beds or other furniture used for sleeping and which conforms to the definition of bedroom as defined by the International Residential Code (IRC) R305.1, R310.1, R304.2/R304.4.

Successor Building (Section 4-19): A building or mobile home using an existing sewage treatment and disposal system may be replaced or succeeded by a building or mobile home which may use the same treatment and disposal system provided approval of the Health Officer is first obtained and the system is deemed adequate for the replacement building...

Change of Use (Section 4-20): Any change in use that may increase the objective potential effluent burden of an existing premises or into an existing sewage treatment and disposal system, shall require approval of the Health Officer as to the adequacy of the system in terms of the stated requirements of this Code.

Accessory Structures: Buildings other than the primary premise that generate waste, which will use the existing sewage treatment and disposal system, must be included in the evaluation as to the adequacy of the system. Accessory structures with bathrooms, wash sinks, bedrooms, bunkrooms, living quarters etc. will be included in the overall waste flow for the evaluation.

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:

