

<input type="checkbox"/> One Single Family Home Site - \$344 Additional Sites: ____ x \$82 ea. = _____ <input type="checkbox"/> Land Split <1 acre – <i>Additional \$118</i> <input type="checkbox"/> Non-Residential Evaluation - \$455	<input type="checkbox"/> Condo/Subdivision Review - \$1,060 # Lots over 25: ____ x \$55 ea. = _____ <input type="checkbox"/> Comm. Wastewater Only - \$580 <input type="checkbox"/> Water Supply Review Only - \$255	<p align="center">FOR DEPARTMENT USE</p> Fee _____ Application # _____ Miss Dig Ticket # _____ Comp. Date: _____
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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

Developer: Name _____ Address _____ City _____ State ____ Zip _____ Telephone # _____	Consultant (Engineer/Surveyor): 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:** _____

