



One Single Family Home Site - \$334
Additional Sites: \_\_\_ x \$82 ea. = \_\_\_
Land Split <1 acre - Additional \$118
Non-Residential Evaluation - \$485
Condo/Subdivision Review - \$1,080
# Lots over 25: \_\_\_ x \$65 ea. = \_\_\_
Comm. Wastewater Only - \$590
Water Supply Review Only - \$265
FOR DEPARTMENT USE
Fee \_\_\_
Application # \_\_\_
Miss Dig Ticket # \_\_\_
Comp. Date: \_\_\_

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 # \_\_\_
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: \_\_\_

