



2024 Application - Site Evaluation
Antrim, Charlevoix, Emmet and Otsego Counties

- One Single Family Home Site - \$319
Additional Sites: ___ x \$82 ea. = ___
Land Split <1 acre - Additional \$118
Non-Residential Evaluation - \$470
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: _____

