

**Residential**

- Septic (New) - \$361
- Septic (Replacement) - \$361
- Well - \$286
- Septic Tank Only - \$260

**Non-Residential**

- Septic (New) - \$465
- Septic (Replacement) - \$465
- Type I Public Well - \$286
- Type III Public Well (Inc. Irrigation Wells) - \$286

**FOR DEPARTMENT USE**

Fee \_\_\_\_\_  
 Application # \_\_\_\_\_  
 Miss Dig Ticket # \_\_\_\_\_  
 Comp. Date: \_\_\_\_\_

Permits for the installation of sewage treatment and disposal systems and water supply systems are required under Sections 4-2 and 6-2 of the 2017 District Sanitary Code serving Antrim, Charlevoix, Emmet, And Otsego Counties. It is unlawful to construct, repair, alter, or extend such systems until permit(s) are issued by this agency.

**Property Information**    **Year Parcel Created:**  Prior to 1997     1997-present    **Size of Parcel:** \_\_\_\_\_ acres

County: \_\_\_\_\_  
**Property Tax ID# (MANDATORY):** \_\_\_\_\_ Township: \_\_\_\_\_ Section#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Total Number of sleeping areas: bedrooms \_\_\_\_ bunk rooms \_\_\_\_ bonus rooms \_\_\_\_ guest rooms \_\_\_\_ other \_\_\_\_  
 Permit application for  Replacement for an Existing Use     New or Change of Use

**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: \_\_\_\_\_

**Existing Well - Out of Water:**     Yes     No     NA    **Name of Well Driller:** \_\_\_\_\_

Proposed Well Use: \_\_\_\_\_

**Existing Septic - Failed or Failing:**     Yes     No     NA    **Name of Septic Contractor:** \_\_\_\_\_

Septic System Age: \_\_\_\_\_

**Proposed 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.

**Note:** Sites with difficult soil conditions may require **backhoe excavations**, at the owner's expense, to complete permitting activity.

**Non-Residential – Additional Information:**

Type of Facility/Use: \_\_\_\_\_ Maximum # of People/Day: \_\_\_\_\_

**Food Facility Only:**    Number of Seats (including outdoor seating): \_\_\_\_\_ Number of Meals/Day: \_\_\_\_\_

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.

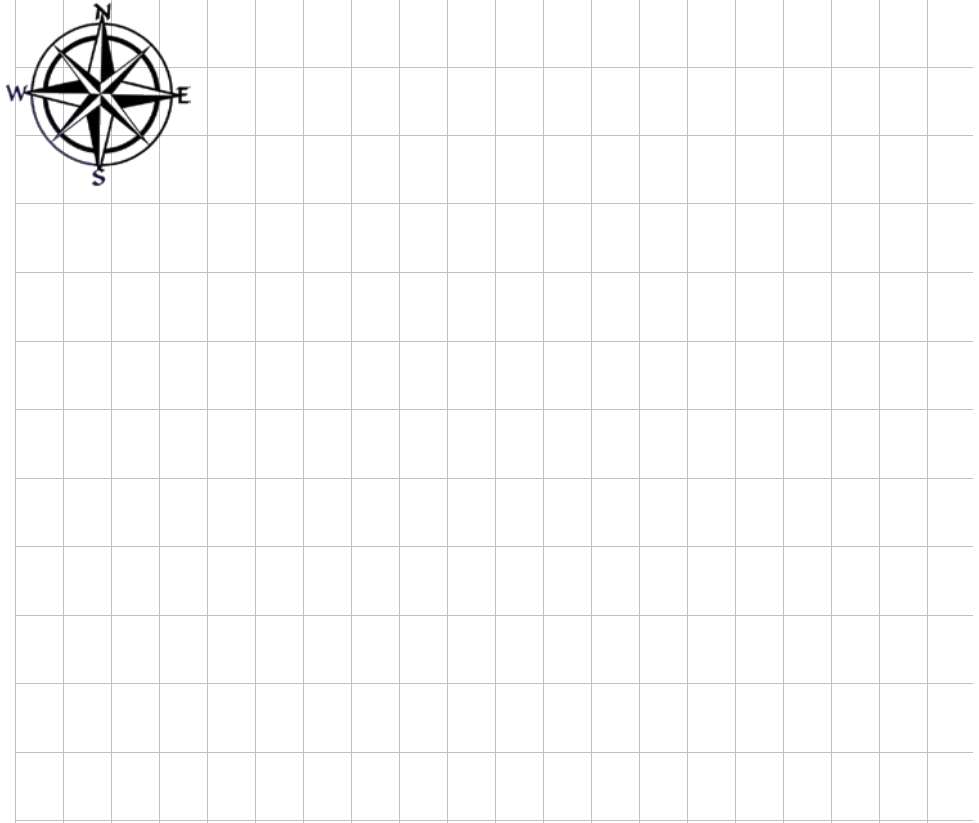
**Signature of Owner:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Directions to site:** (include name of nearest crossroad/landmarks/neighboring house number) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INCLUDE ON SKETCH (If Known):**

**PLEASE COMPLETE A SITE PLAN SKETCH BELOW**

1. Property lines/dimensions
2. Location of **ALL** buildings – include distance to roads/landmarks
3. Well locations - (proposed and/or existing) distance to septic/drain field
4. Neighboring well/septic system locations
5. Septic tank and drainfield location(s) - proposed and/or existing
6. Location(s) of streets/roads
7. Location(s) of body(ies) of water
8. Location(s) of underground and above ground fuel storage tanks
9. Test hole locations
10. Indicate proposed additions/changes to existing buildings for remodeling
11. Attach existing and proposed floor plan for remodeling.
12. Location of utilities; i.e. electric, gas, phone (call Miss Dig **811**)



**Attach copy of (8 1/2" x 11") Property Survey**

**Office Locations**

**Antrim**  
 209 Portage Dr.  
 Bellaire, MI 49615  
 (231) 533-8670  
 Fax (231) 533-8450

**Charlevoix**  
 220 W. Garfield  
 Charlevoix, MI 49720  
 (231) 547-6523  
 Fax (231) 547-6238

**Emmet**  
 3434 Harbor-Petoskey Rd., Suite A  
 Harbor Springs, MI 49740  
 (231) 347-6014  
 Fax (231) 347-2861

**Otsego**  
 95 Livingston Blvd.  
 Gaylord, MI 49735  
 (989) 732-1794  
 Fax (989) 732-3285

**FOR HEALTH DEPARTMENT USE ONLY:**

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ CC # \_\_\_\_\_

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

Mound Design/Review:

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ CC # \_\_\_\_\_

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