HEALTH DEPARTMENT of Northwest Michigan

2026 Application - Site Evaluation
Antrim, Charlevoix, and Emmet Counties

☐ One Single Family Home Site - $325
Additional Sites: ____ x $85 ea. = _____
☐ Land Split <1 acre – *Additional $125*
☐ Non-Residential Evaluation - $510

☐ Condo/Subdivision Review - $1,100
Lots over 25: ____ x $75 ea. = _____
☐ Comm. Wastewater Only - $600
☐ Water Supply Review Only - $275

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

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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:_____

HEALTH DEPARTMENT of Northwest Michigan

Site Evaluation Application

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

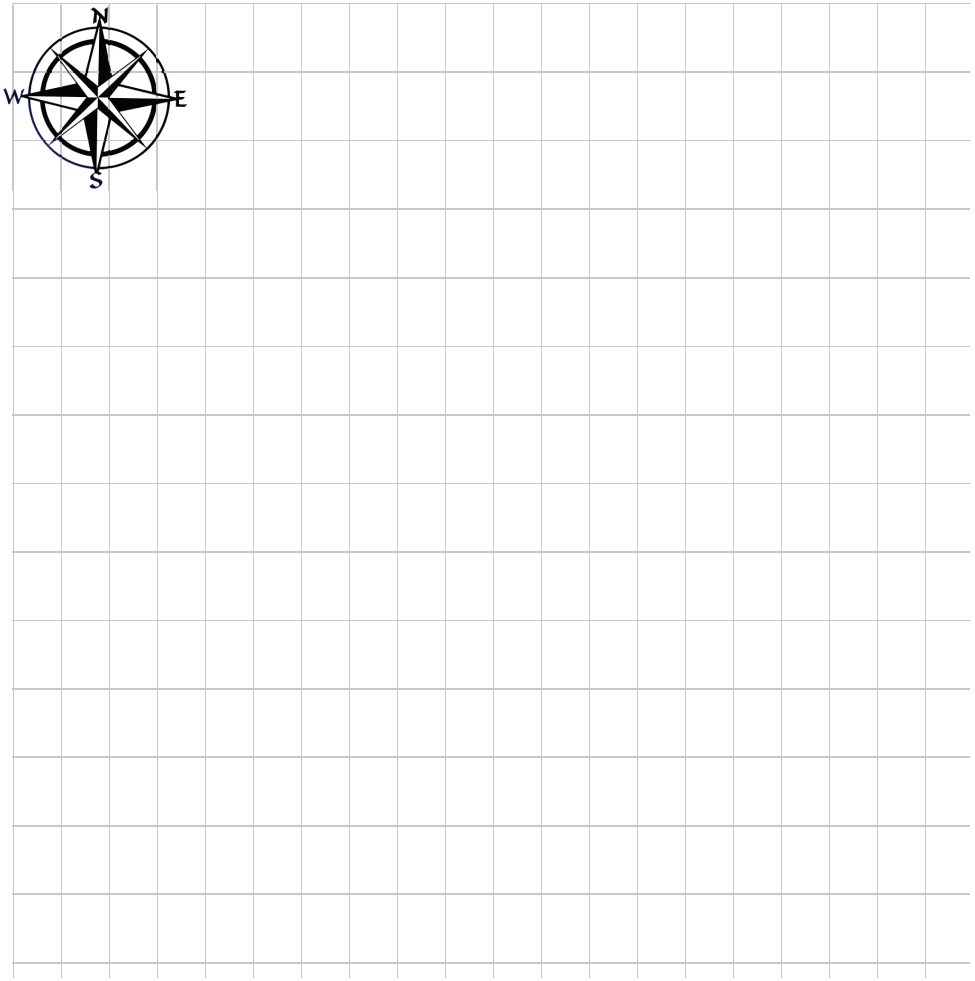
_____

_____

INCLUDE ON SKETCH (If Known):

1. **Property lines/dimensions**
2. Location of any 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**)

PLEASE COMPLETE A SITE PLAN SKETCH BELOW



Attach copy of (8 ½" 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 #:_____