HEALTH DEPARTMENT of Northwest Michigan

2026 Application – Existing System Evaluation
Otsego County

Residential - $423 **Non-Residential - $645**

☐ Addition/Remodel ☐ Addition/Remodel

Additions to an existing structure, remodeling or renovating an existing structure or building an accessory structure

☐ Successor Building/New Buildin∃ ☐ {dzŎŎŜăă2ℕ . dzλfŘλy∃κbŜø . dzλfŘλy∃

Demolishing a structure or portion of a structure and rebuilding OR building a new structure

FOR DEPARTMENT USE

Fee_____

Application _____

Miss Dig Ticket #: _____

Comp. Date: _____

Note: Application will not be processed without existing and proposed floor plans
(All rooms must be labeled and accessory structures identified)

Property Information

County:_____

Property Tax ID# (MANDATORY):_____ Township:_____ Section#:____

Address:_____ City:_____ Zip code:_____

Subdivision: _____ Lot #: _____

Existing Number of sleeping areas: bedrooms ____ bunk rooms ____ bonus rooms ____ guest rooms ____ other ____

TOTAL proposed of sleeping areas: bedrooms ____ bunk rooms ____ bonus rooms ____ guest rooms ____ other ____

Owner/Contact 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:_____ Email:_____

2017 District Sanitary Code Reference

Bedroom (Section 2-7): "Any space in the conditioned area of a dwelling unit or accessory structure which could reasonably be expected to be used for the placement of beds or other furniture used for sleeping and which conforms to the definition of bedroom as defined by the International Residential Code (IRC) R305.1, R310.1, R304.2/R304.4."

Successor Building (Section 4-19): "A building or mobile home using an existing sewage treatment and disposal system may be replaced or succeeded by a building or mobile home which may use the same treatment and disposal system provided approval of the Health Officer is first obtained and the system is deemed adequate for the replacement building…"

Change of Use (Section 4-20): "Any change in use that may increase the objective potential effluent burden of an existing premises or into an existing sewage treatment and disposal system, shall require approval of the Health Officer as to the adequacy of the system in terms of the stated requirements of this Code."

Accessory Structures: Buildings other than the primary premise that generate waste, which will use the existing sewage treatment and disposal system, must be included in the evaluation as to the adequacy of the system. Accessory structures with bathrooms, wash sinks, bedrooms, bunkrooms, living quarters etc. will be included in the overall waste flow for the evaluation.

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

Application - Existing System Evaluation

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

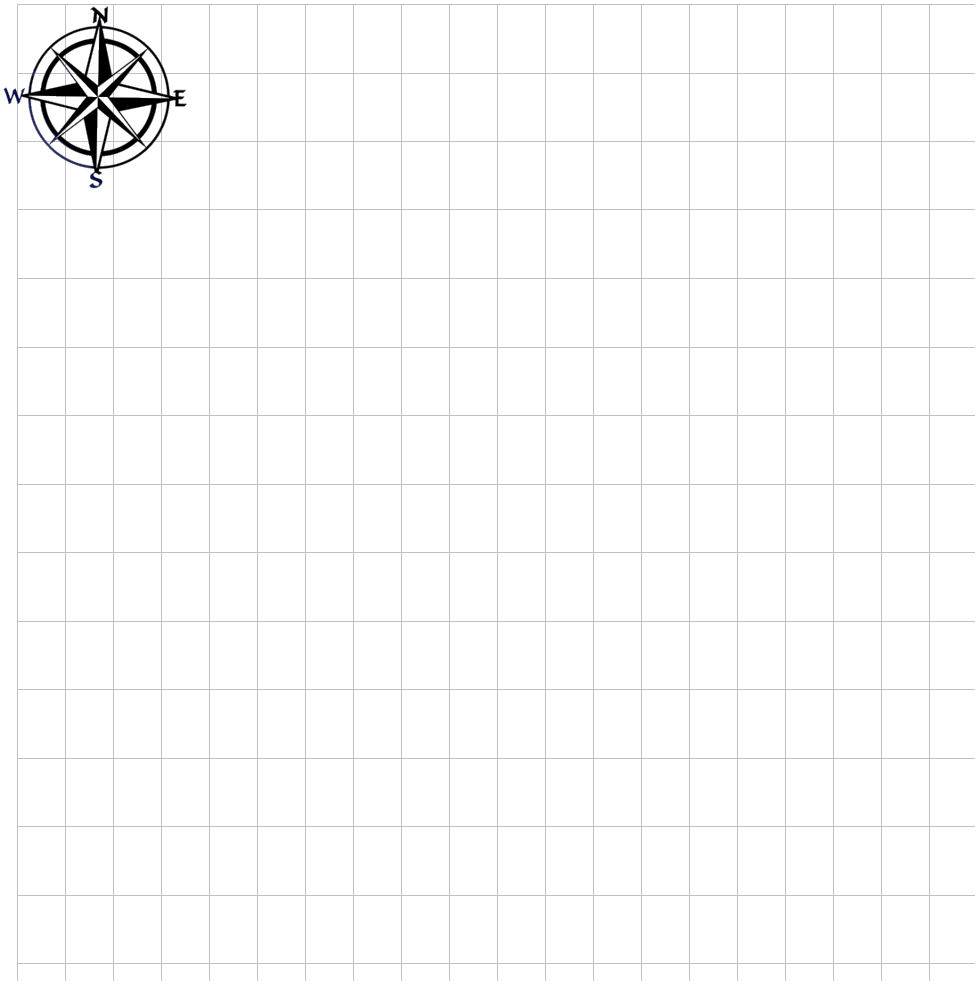
_____

_____

INCLUDE ON SKETCH (If Known):

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**)

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 #:_____