

# Health Department of Northwest Michigan

## Environmental Health Supplemental Review/Operation Permit

Application Type	For Department Use
<input type="checkbox"/> Advanced Treatment System (ATS) Construction and Operation Permit (Complete Sec. A , B & C) <input type="checkbox"/> Advanced Treatment System (ATS) Operation Permit Renewal/New Owner (Complete Sec. A & C) <input type="checkbox"/> Off-Site System Operation and Construction Permit (Complete Sec. A & D also B if applicable) <input type="checkbox"/> Off-Site System Operation Permit Renewal (Complete Sec. A & D also B if applicable) <input type="checkbox"/> Holding Tank Operation and Install Permit (By Health Department Order Only) (Complete Sec. A, B & C) <input type="checkbox"/> Holding Tank Operation Permit Renewal (By Health Department Order Only) (Complete Sec. A, B & C) <input type="checkbox"/> Engineering Plan Review (Complete Sec. A & B)	Fee _____  Operation # _____  Reference # _____  Computer ID # _____

A	Owner	Location of Property
GENERAL INFORMATION	Name _____	Property Tax ID # (MANDATORY) _____
	Address _____	Address of Property _____
	City _____ State _____ Zip _____	City _____ County _____
	Telephone # _____ Fax # _____	Township _____ Section # _____
		Subdivision _____ Lot # _____

B	ENGINEER INFORMATION	C OPERATION & MAINTENANCE PROVIDER INFORMATION
ENGINEER AND O&M PROVIDER	Name of Engineering Company: _____	Name of O & M Provider: _____
	Name of Design Engineer: _____	O & M Provider Address: _____
	Engineering Company Address: _____	(street) _____
	(street) _____	(city, state, zip code) _____
	(city, state, zip code) _____	O & M Provider Phone: _____
Phone: _____ Fax: _____	O & M Provider fax: _____	
		Current Operation Permit No. (If Applicable): _____

D	BURDENED PROPERTY INFORMATION (OFF-SITE)	ADDITIONAL BURDENED PROPERTIES (OFF-SITE)
OFF-SITE OPERATION PERMIT INFORMATION	Current Off-Site Operation Permit No. (If Applicable): _____	
	Burdened Property Tax ID#: _____	Burdened Property Tax ID#: _____
	Burdened Property Owner Name: _____	Burdened Property Owner Name: _____
	Address: _____	Address: _____
	City, State, Zip: _____	City, State, Zip: _____
	Burdened Property Tax ID#: _____	Burdened Property Tax ID#: _____
Burdened Property Owner Name: _____	Burdened Property Owner Name: _____	
Address: _____	Address: _____	
City, State, Zip: _____	City, State, Zip: _____	

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by *Health Department of Northwest Michigan* that successful operation is assured.

I hereby authorize *Health Department Of Northwest Michigan* to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain information required for this evaluation. I also agree to comply with the requirements of the Sanitary Code for the county, and with the applicable laws of the State of Michigan.

Signature of Owner or Agent \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

<b>Antrim</b>	<b>Charlevoix</b>	<b>Emmet</b>	<b>Otsego</b>
209 Portage Dr. Bellaire, MI 49615 231 533 8670 Fax 231 533 8450	220 W. Garfield Charlevoix, MI 49720 231 547 6523 Fax 231 547 6238	3434 Harbor-Petoskey Rd., Suite A Harbor Springs, MI 49740 231 347 6014 Fax 231 347 2861	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 #: \_\_\_\_\_

