



Administrative Office
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231 547 6523
231 547 6238 - fax

209 Portage Dr.
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231 533 8670
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Mancelona, MI 49659
231 587 5052
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3434 M-119, Suite A
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49740
231 347 6014
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95 Livingston Blvd.
Gaylord, MI 49735
989 732 1794
989 732 3285 - fax

**Dental Clinics North
Administrative Office**
220 W. Garfield Ave.
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**Hospice of Northwest
Michigan**
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Charlevoix, MI 49720
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**Northern Michigan
Regional Lab**
95 Livingston Blvd.
Suite D
Gaylord, MI 49735
989 732 1794
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February 5, 2018

RE: New Applications and Owner Signature Requirement

To Whom It May Concern,

The Health Department of Northwest Michigan (HDNW) has recently conducted a program review and has changed some of its documents, procedures and policies. Please be aware that there are new applications and that older applications will not be accepted and should be discarded.

Our new applications can be found at www.nwhealth.org or available at any of our branch offices. Be sure to review the new applications as there have been several changes.

OWNER SIGNATURE REQUIRED

The most significant change to the application process is that we cannot accept applications that are not signed by the owner of the property. This change resulted from a legal review of our application process and current Right-of-Entry and Inspection regulations. This may create some delay in processing an application, so be sure to have your clients sign applications for submittal if you are accustomed to filling them out on their behalf.

Front office staff have been instructed that these changes will be strictly enforced at the time of application.

If you have special circumstances or need to discuss this matter, contact me directly at 231-547-7651.

Respectfully,


Scott Kendzierski, REHS, MS
Director of Environmental Health Services

cc. HDNW County Environmental Health Staff





Application - Site Evaluation
Otsego County

- One Single Family Home Site - \$380
Additional Sites: ___ x \$75 ea. = ___
Land Split <1 acre - Additional \$105
Non-Residential Evaluation - \$480
Condo/Subdivision Review - \$982
Lots over 25: ___ x \$50 ea. = ___
Comm. Wastewater Only - \$525
Water Supply Review Only - \$235

FOR DEPARTMENT USE
Fee _____
Application # _____

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: _____

