



Site Evaluation Application Antrim, Charlevoix and Emmet Counties

- One Single Family Home Site - \$285
- Additional Single Family Home Sites: # of Home sites _____ x \$73 ea. = _____
- Non-Residential Evaluation - \$385
- Condo/Subdivision Review - \$965

FOR DEPARTMENT USE

Fee _____
Application # _____

Property Information

County: _____
Property Tax ID# (MANDATORY): _____ Township: _____ Section#: _____
 Address: _____ City: _____ Zip code: _____
 Subdivision: _____ Lot #: _____
 Year Parcel Created: Prior to 1997 1997-present Size of Parcel: <1.0 acre >1.0 acre
 Are Divisions of Parcel <1.0 Acres Proposed? Yes No

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: _____

Are Test Holes Dug? Yes No If NO, date ready: _____

Test holes are **required** in proposed drainfield location and must be 36"-48" deep and marked for easy identification. Evaluation will not be performed if test holes are not prepared ahead of site visit. Sanitarian reserves the right to request a backhoe be present for difficult sites.

For Land Divisions < 1.0 acre and Subdivision/Condo**Developer:**

Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # _____

Engineer:

Name _____
 Firm Name _____
 License # _____
 Office Phone _____ Cell # _____
 Fax # _____

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.

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 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.

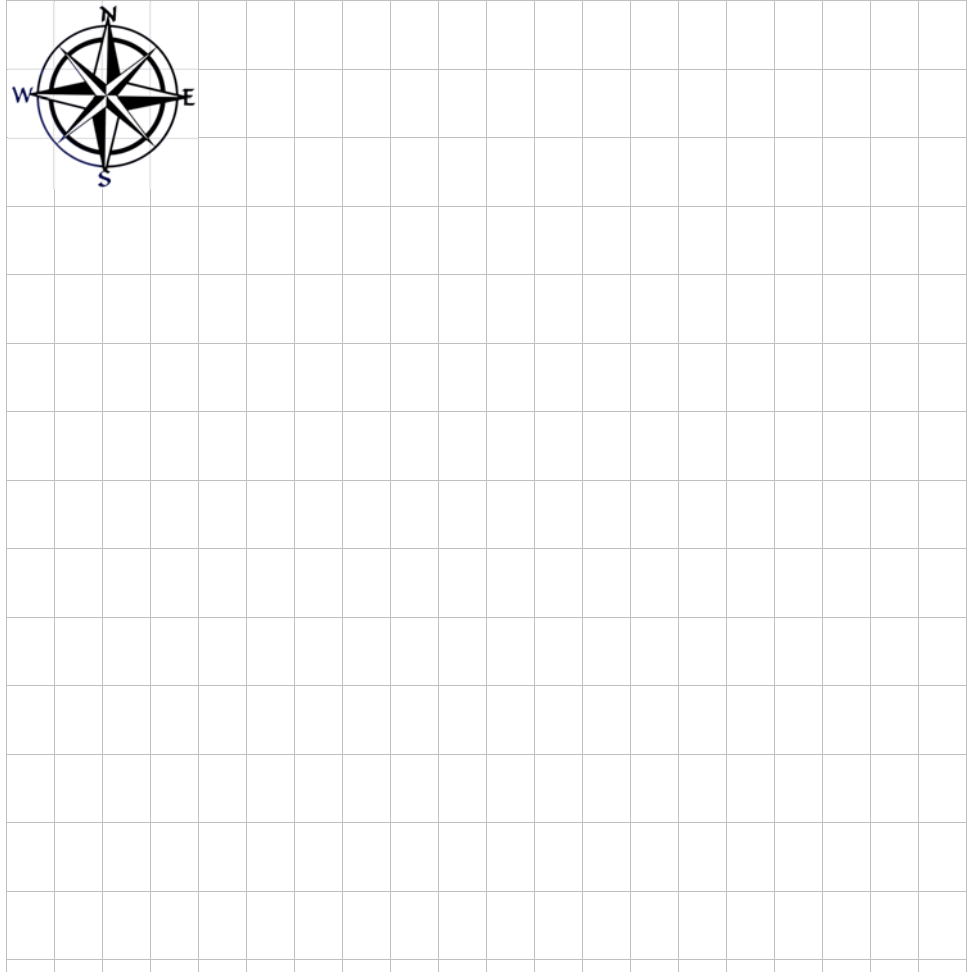
Signature of Owner/Agent: _____ Phone #: _____ Date: _____

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

INCLUDE ON SKETCH:

PLEASE COMPLETE A SITE PLAN SKETCH BELOW

- 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 location
- 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



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 #: _____ Pending: Reason: _____ Denied

Approved for Use

Sanitarian's Signature _____ Date of Inspection: _____