

<input type="checkbox"/> Addition/Remodel - \$355 Additions to an existing structure, remodeling or renovating an existing structure or construction of an accessory structure	FOR DEPARTMENT USE Fee _____ Application _____
<input type="checkbox"/> Successor Building - \$355 Demolishing (in whole or in part) a structure and reconstruction activities or the replacement of a premise with a new home	
<input type="checkbox"/> Change of Use (Non-Residential Only) - \$355 Please provide description of former and proposed use	

Property Information

County: _____

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

Address: _____ City: _____ Zip code: _____

Subdivision: _____ Lot #: _____

Existing number of bedrooms (including bonus rooms): _____ **Total proposed number of bedrooms** (including bonus rooms): _____

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

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:** _____

