

Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road
Coldwater, MI 49036
(517) 279-9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext.111
(888) 544-7395

1110 Hill Street
Three Rivers, MI 49093
(269) 273 – 2161 ext.233
(800) 258 - 1092

Office Use Only

Date Received _____
 "C" Receipt # _____
 Received by _____
 Amount Received _____
 Township Code _____
 Section Number _____
 Record Search by _____

APPLICATION FOR:

_____ Sewage Permit (\$147) _____ Sewage Permit Adjacent to Water (\$168)
 _____ Well Permit (\$147) _____ Well Permit Adjacent to Water (\$168)
 _____ Site (vacant land) Evaluation (\$130)

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks.) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)

Address/Location _____

Subdivision _____ Lot # _____ Property Tax ID # _____

Owners' Name: _____ Phone: _____

Owners' Current Address: _____ City: _____ State _____ Zip _____

Contractor or Contact Person _____ Phone: _____

Address _____ City: _____ State _____ Zip _____

Send Permit to: Owner Contractor or Contact Person

Existing Proposed

# of bedrooms	_____	_____
# of bathrooms	_____	_____
# of occupants	_____	_____
Water softener?	Y N	Y N
Garbage disposal?	Y N	Y N
Fuel oil tank?	Y N	Y N

Previous Health Dept. Site Evaluation Yes No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE
 Check here if there is WELL SEPTIC system on site.

When was home built? _____
 Name of original owner? _____
 Name(s) of previous owners? _____
 Property size _____

TOWNSHIP ZONING PERMIT# _____

APPLICANT MUST INCLUDE SKETCH OF:

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations.

Signature _____

Date _____