

# 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. 331

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

Office Use Only

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

**APPLICATION FOR:** Change of Use

Fee is dependent on service provided. Contact your local office.

**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 \_\_\_\_\_

**TOWNSHIP ZONING PERMIT #** \_\_\_\_\_

**Send Permit to:**  Owner  Contractor or Contact Person

**Email address:** \_\_\_\_\_

Please answer the following questions:

	Yes	No
1. Does the proposal involve a property on a body of water?	_____	_____
2. Are you building or rebuilding beyond the existing footprint of the home?	_____	_____
3. Are you adding bedrooms to the home? Number of existing bdrms. _____ Total bdrms. upon completion _____	_____	_____
4. Is or will there be a water softener?	_____	_____
5. Is or will there be a garbage grinder?	_____	_____
6. Does your proposal involve adding a		
a. detached garage - size _____	_____	_____
b. pole barn - size _____	_____	_____
c. deck.....	_____	_____
d. patio.....	_____	_____
e. swimming pool.....	_____	_____
f. fence.....	_____	_____
g. other(explain) _____	_____	_____

**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? \_\_\_\_\_ Property size \_\_\_\_\_

Name of original owner? \_\_\_\_\_ Name(s) of previous owners? \_\_\_\_\_

## PROPOSED CHANGE AND DIAGRAM

Address/Location: \_\_\_\_\_

A detailed and accurate drawing is required. Please include the following in the diagram;

1. Site boundaries and property dimensions.
2. Locations of all buildings and driveways.
3. Locations of existing well and or sewage system (indicate tank and drainfield locations).
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 a representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. I also have submitted a diagram that I believe is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

