

Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road	20 Care Drive	1110 Hill Street
Coldwater, MI 49036	Hillsdale, MI 49242	Three Rivers, MI 49093
(517) 279-9561 ext. 106	(517) 437-7395 ext. 311	(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:

_____ Sewage Permit (\$235)

_____ Well Permit (\$215)

_____ Site (vacant land) Evaluation (\$150)

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

Email Address: _____

	Existing	Proposed
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# of bedrooms	_____	_____
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# of bathrooms	_____	_____
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# of occupants	_____	_____
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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

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. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature _____

Date _____

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 _____