

# 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?<br>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 \_\_\_\_\_

