

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. 311

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 _____