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Receipt # _____
Ledger # _____
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SITE EVALUATION APPLICATION
This application expires one year from date of submittal

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PROPERTY INFORMATION

PROPERTY INFORMATION

Property tax ID# _____ Section # _____
Road/Address _____ Township _____
City _____ Zip Code _____
Lot/Parcel # _____ Parcel size _____ Subdivision name _____

LANDOWNER INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____
Day time phone # _____

EMAIL OF RESPONSIBLE PARTY [OWNER OR APPL] _____

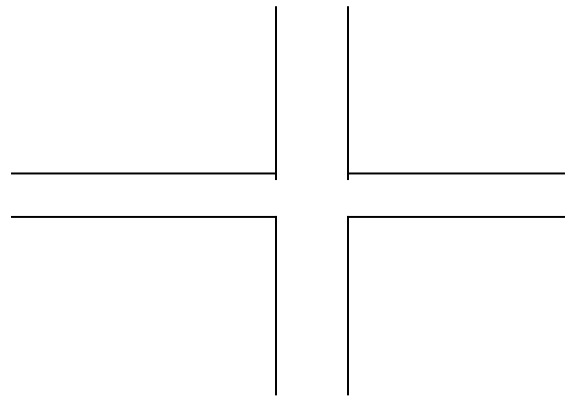
APPLICANT INFORMATION

Name _____ Address _____
City _____ State _____ Zip _____
Day time phone # _____

Proposed land use: Residential Commercial

- Residential evaluations and standard system sizing are based upon 3 bedroom houses with no garbage disposal.
- Commercial evaluations will be based on MDEQ's *Michigan Criteria for Subsurface Sewage Disposal*.
- Are there any known easements, wetlands or other restrictive limitations associated with this property?
Yes No
If yes, please attach any available documentation.
- Property survey and/or registered plat will be required at the time of the evaluation unless parcel being split.
- A backhoe and operator must be on site at time of appointment unless other arrangements are made.

Indicate a **north** direction arrow.



Mark the property location and write in the nearest cross roads.

The information provided on this application is true and correct to the best of my knowledge.

Signature _____ **Date** _____

For Health Department use only.

SITE INSPECTION HISTORY

DATE	TYPE	RESULTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____