

# 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 (\$197)

\_\_\_\_\_ Well Permit (\$193)

\_\_\_\_\_ Site (vacant land) Evaluation (\$134)

**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:** \_\_\_\_\_

<b>Existing</b>	<b>Proposed</b>
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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 \_\_\_\_\_