

BRANCH – HILLSDALE - ST.JOSEPH COMMUNITY HEALTH AGENCY

www.bhsj.org

570 N. Marshall Road
Coldwater, MI 49036
(517) 279-9561 ext. 106
(517) 278-2923 Fax

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext. 331
(517) 437-0166 Fax

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161 ext. 233
(269) 273-2452 Fax

COMMERCIAL OR MULTI-FAMILY APPLICATION

Facility Name _____

Facility Address _____

Mailing Address _____

Township _____ Section _____

City _____ State _____ Zip _____

Property ID# _____

Business Phone () _____

List previous facilities located at this property, if any

Contact Person _____

Address and Phone (if other than above) _____

Parcel size or dimensions _____

Facility Type (office, factory, etc.) _____

Total number of employees (all shifts) _____

Number of Customer Seats _____ Total Occupancy _____

Fixture type/count: Toilets _____ Urinals _____ Sinks _____

Number of Persons to be served by this system _____

Bath/Shower _____ Water fountain _____ Hydrant _____

Other water using fixtures _____

Municipal Water ___ or Sewer ___ available

- A detailed Site Plan is required before a permit can be issued. If plan is not attached to this application, one can be prepared after Health Dept. staff has provided field assistance. Plan must include all proposed buildings, driveways, well and septic areas. In some cases, soil test pits, contour drawings, well and septic system locations on adjacent properties, flood elevations, and/or licensed engineer produced plans are required before a permit can issued.
- A Soil Erosion and Sedimentation Control Permit is required for earth moving activities on property located within 500 feet of a lake, river, stream or any other body of water, or where the excavation is larger than one acre in size.
- Signature below and payment of fees indicates that the applicant has or will provide all necessary information accurately on this application. No refund will be provided if any staff field assistance is given. There is a \$25.00 handling fee charged if no field service has been provided. Do not send cash through the mail. Make check or money order payable to: **Community Health Agency**

Check one Fee enclosed

Septic & Well Permits _____ \$ 550.00

Septic Permit Only _____ \$ 300.00

Well Permit Only _____ \$ 250.00

Site Evaluation _____ \$ 185.00

Change of Use _____ \$ 110.00

Eval of Existing S&W _____ \$ 260.00

Signature _____

Date _____

MS WORD – Commercial S&W App.doc 1/19

HEALTH DEPARTMENT USE ONLY

Date Requested _____

Date Received _____

"C" Receipt _____

Received By _____

Site Plan Received _____

Permit Issued _____