



LAPEER COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
 1800 Imlay City Rd., Lapeer, MI 48446

Computer ID _____
 Receipt # _____
 Ledger # _____ Fee _____

SEPTIC PERMIT APPLICATION

Application expires one year from date of submittal

PROPERTY INFORMATION

REQUIRED

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

LANDOWNER INFORMATION

Name _____ Address _____
 City _____ State _____ Zip _____
 Email Address: _____ Day phone # _____

APPLICANT INFORMATION

If other than owner

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

SEPTIC PERMIT INFORMATION

Application for: New _____ Existing _____ Reissue of Permit # _____ Relocation of Permit # _____

Type of building: Residential _____ Number of bedrooms _____
 Mechanical garbage disposal Yes ___ No ___
 Basement _____ Finished / Unfinished
 Commercial _____ Food service: Yes ___ No ___
 Other _____

- **A SITE PLAN IS REQUIRED. Submit a drawing with distances and sizes in feet, of actual or proposed [if new] all buildings, septic field location, well location, include severe slopes and any waterways.**
- **HOUSE FLOOR PLANS [ALL FLOORS INCLUDING BASEMENT] ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.**
- **Other information may be requested as needed.**

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

Signature _____ **Date** _____