

Computer ID \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
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**SITE EVALUATION APPLICATION**  
*This application expires one year from date of submittal*

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**PROPERTY INFORMATION**

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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 # \_\_\_\_\_

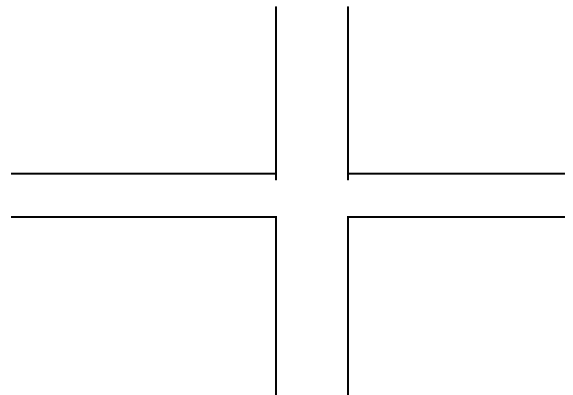
Proposed land use: Residential  Commercial

- 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
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