# Central Michigan District Health Department
# **Application for Permit**

| Office Use Only | | | |
|---|---|---|---|
| Date | | Receipt # | |
| Fee | | Comp. # | |
| By | | Permit # | |

| TO CONSTRUCT: | *New* | *Replacement* |
|---|---|---|
| ☐ SEPTIC SYSTEM | ☐ | ☐ |
| ☐ COMMERCIAL SEPTIC | ☐ | ☐ |
| ☐ PRIVATE WATER SUPPLY | ☐ | ☐ |
| ☐ TYPE III WATER SUPPLY | ☐ | ☐ |

| County | Twp/City | Section | Subdivision | Lot | Fraction | Town | Range |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Property Tax ID #: _____ Owner's Name: _____

Lot of Acreage Dimensions: _____ Mailing Address: _____

Street Address: _____ _____

_____ Telephone: _____

_____ Driver's License #: _____

Date of Birth: _____

Directions to Site: _____

_____

*Residential*

No. of Bedrooms _____ Last Routine Tank Pumping _____

☐ New ☐ Replacement Age of System _____

Proposed Basement Plumbing Fixtures ☐ Yes ☐ No

*Commericial*

Drains _____ Lavatories _____

Stools _____ Showers _____

Sinks _____ Total Daily Flow _____

Probable Cause of Replacement _____

| Proposed Contractors | Existing Well Information |
|---|---|
| Proposed Well Driller _____ | Depth _____ Well Driller _____ |
| Proposed Excavator _____ | Year Installed _____ Well to be Abandoned ☐ Yes ☐ No |

Draw a sketch of proposed site plan (show buildings, driveway, lot lines, owner's wells and sewage systems, neighbor's wells and sewage systems and lake, stream, ditch, buried drains if applicable).

N

I hereby affirm that information contained on this application is true to the best of my knowledge and that final approval must be given by the Health Officer before the system is covered or used. I further agree to have all underground utilities marked prior to any health department activity on my property and understand if I fail to do so, I will accept all liability &/or any penalties or fees associated with violations of Public Act 53 as amended.

_____

Signature of Owner or Authorized Representative

To Arrange Inspections, Call:

Arenac 989-846-6541 ext. 10
Clare 989-539-5092 ext. 4
Gladwin 989-426-8985 ext. 3
Isabella 989-773-5921 ext. 3
Osceola 231-832-5532 ext. 22
Roscommon 989-366-3607 ext. 72