

# Central Michigan District Health Department

## Application for Permit

Office Use Only	
Date _____	Receipt # _____
Fee _____	Permit # _____
By _____	Comp. # _____

TO CONSTRUCT:	<input type="checkbox"/> SEPTIC SYSTEM	<input type="checkbox"/> <i>New</i>	<input type="checkbox"/> <i>Replacement</i>
	<input type="checkbox"/> COMMERCIAL SEPTIC	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> PRIVATE WATER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> TYPE III WATER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>

County	Twp	Section	Subdivision	Lot	Fraction	Town	Range
Property Tax ID #: _____		Owner's Name: _____					
Lot or Acreage Dimensions: _____		Mailing Address: _____					
Street Address: _____		Telephone: _____					
		Driver's License #: _____					
E-Mail Address: _____		Date of Birth: _____					
Directions to Site _____							

<i>Residential</i>				<i>Commercial</i>			
No. of Bedrooms _____	Last Routine Tank Pumping _____			Drains _____	Lavatories _____		
<input type="checkbox"/> New	<input type="checkbox"/> Replacement	Age of System _____		Stools _____	Showers _____		
Proposed Basement Plumbing Fixtures <input type="checkbox"/> Yes <input type="checkbox"/> No				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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 or buried drains if applicable).

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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 Owner or Authorized Representative

**To Arrange Inspections, Call:**

Arenac 989-846-6541 ext 10    Isabella 989-773-5921 ext 3  
 Clare 989-539-5092 ext 4    Osceola 231-832-5532 ext 22  
 Gladwin 989-426-8985 ext 3    Roscommon 989-366-9166 ext 72