



# Central Michigan District Health Department

Promoting Healthy Families, Healthy Communities



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Medical Director

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Health Officer

## Time of Transfer Exemption

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

State: MI Zip Code: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Section 4(B), Article VIII of the CMDHD Sanitary Code (Time of Transfer) allows certain types of title transfers to be exempt from inspections on the onsite sewage system and water well. Below are descriptions of the types of exempt transfers; refer to the ordinance for complete information. If you believe this transfer is exempt, indicate below the type of exemption you are claiming. If you claim an exemption, the health department may request more information to support your claim.

<input type="checkbox"/> Transfer from a spouse. <input type="checkbox"/> Change in ownership solely to exclude a spouse. <input type="checkbox"/> Transfer to effect foreclosure or forfeiture of real property. <input type="checkbox"/> Transfer by redemption by the original owner from a tax sale. <input type="checkbox"/> Transfer creating or ending joint ownership if at least one person is an original owner of the property or his or her spouse. <input type="checkbox"/> Transfer to establish or release a security interest. <input type="checkbox"/> Premises built within the previous twenty-four months prior to date of property transfer that have an OSDS and/or water supply approved by the CMDHD.	<input type="checkbox"/> Premises evaluated and approved under this Regulation within the previous twenty-four months prior to date of property transfer. <input type="checkbox"/> Premises that shall be demolished and shall not be occupied after the property transfer. <input type="checkbox"/> New homes that have not been occupied and that have an OSDS and/or water supply approved by the CMDHD. <input type="checkbox"/> If as a condition of sale or transfer, and upon written demonstration to the Health Department, the structure is to be connected to an available public sanitary sewer and/or public water supply within six months of the sale or transfer
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I certify that the information above is true and complete to the best of my knowledge.

<b>Owner's Signature:</b> _____	<b>Date:</b> _____
<b>If signer is other than the owner, sign, print name and title.</b>	
<b>Name:</b> _____	<b>Title:</b> _____
<b>Representing:</b> _____	<b>Date:</b> _____

**PLEASE RETURN TO:** Central Michigan District Health Department  
Environmental Health Division  
2012 E Preston Ave  
Mt Pleasant, MI 48858