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**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
PERMIT APPLICATION**

APPLICATION NUMBER: _____
 APPLICATION NUMBER: _____
 CLIENT I.D. NUMBER : _____

Sewage Disposal System
 Water Supply

PROPERTY LOCATION:

(Name)	(Road Street Address)	(Township)	(Section #)	(Property Dimensions)
(Subdivision)	(Lot #)	(Driving Directions to Property)		
<input type="checkbox"/> RESIDENTIAL			<input type="checkbox"/> NON-RESIDENTIAL	
New Construction _____			New Construction _____	
Replacement _____ Tank Only _____			Replacement _____	
Single Family _____ Multi-family _____			Large Quantity Withdrawal Well _____	
Number of Bedrooms _____ Number of Occupants _____			Building Use _____	
Garbage Disposal Y / N Basement sink or toilet Y / N			Total Daily Flow _____ GPD	
Sewage Ejector Y / N Existing Well To Be Abandoned Y / N			Number of Employees _____	
Existing Fuel Tanks On Property Y / N Shared Well Y / N			Geothermal/Heat Exchange Well _____	
Water Softener and/or Treatment Y / N			Pumping Capacity _____ GPM	
Municipal Water and/or Sewer Available (circle if available)			Commercial Checklist Completed Y / N	
			Municipal Water and or Sewer Available (circle)	
Land Owner's Name	Street	City	Zip	Telephone
Applicant's Name	Street (Mailing Address)	City	Zip	Telephone
SIGNATURE: X _____		DATE: _____		

N

SKETCH: Please draw a sketch of the proposed site plan. Please show buildings, driveways, lot lines, wells, sewage systems, surface waters, ditches/drains, and neighbor's wells and sewage systems if applicable. Please show distances from two lot lines to any proposed structure. Please show two lot line lengths. Please indicate North on your drawing. Your sketch is very important.

This is an application for a permit only. This application is not a permit or a guarantee that a permit will be issued. Each application is evaluated on a case-by-case basis. It is the owner/applicant's responsibility to contact MISS DIG (1-800-482-7171) to mark the property prior to the Mid-MI District Health Department entering the property listed above. By signing, the applicant does acknowledge and grant the MMDHD right of entry to the property listed to perform their duties listed within the Environmental Health Regulations.

ADDITIONAL COMMENTS: _____

PERMITS EXPIRE TWO YEARS FROM DATE OF ISSUE