Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road
Coldwater, MI 49036
(517) 279-9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext. 331

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161 ext. 233

Office Use Only
Date Received _____
"C" Receipt # _____
Received by _____
Amount Received _____
Township Code _____
Section Number _____
Record Search by_____

APPLICATION FOR:
_____ Sewage Permit ($235)
_____ Well Permit ($215)
_____ Site (vacant land) Evaluation ($150)

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) *(Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a $25.00 handling fee charged if no field service has been provided.)*

Address/Location_____

Subdivision _____ Lot # _____ Property Tax ID # _____

Owners' Name: _____ Phone: _____

Owners' Current Address: _____ City: _____State____Zip_____

Contractor or Contact Person Eric Stewart _____ Phone: (517) 523-3654 _____

Address 3811 Hudson Rd _____ City: Osseo _____State MI Zip 49266

Send Permit to: ☐ **Owner** ☑ **Contractor or Contact Person**
Email Address: stewarteric6@outlook.com

	Existing	**Proposed**
# of bedrooms	_____	_____
# of bathrooms	_____	_____
# of occupants	_____	_____
Water softener?	☐ Y ☐ N	☐ Y ☐ N
Garbage disposal?	☐ Y ☐ N	☐ Y ☐ N
Fuel oil tank?	☐ Y ☐ N	☐ Y ☐ N

Previous Health Dept. Site Evaluation ☐ Yes ☐ No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE

Check here if there is ☐ WELL ☐ SEPTIC system on site.

When was home built? _____

Name of original owner? _____

Name(s) of previous owners?_____

Property size _____

TOWNSHIP ZONING PERMIT# _____

APPLICANT MUST INCLUDE SKETCH OF:

1. site boundaries and property dimensions
2. locations of all buildings and driveways
3. locations of existing well and/or sewage system
4. prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
5. wells, sewage systems, and fuel tanks on adjacent lots
6. indication of the direction (north arrow)

I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature _____

Date _____