

GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SITE EVALUATION APPLICATION

To process this request, the application must be complete and accompanied by a detailed site plan and correct fee. Please use the back of this form or attach appropriate documentation. Failure to submit required documentation may delay this request.

OWNER/APPLICANT INFORMATION	
OWNER NAME: _____	
MAILING ADDRESS: _____	CITY, STATE, ZIP: _____
PHONE: _____	EMAIL: _____
APPLICANT NAME (IF OTHER THAN OWNER): _____	
MAILING ADDRESS: _____	CITY, STATE, ZIP: _____
PHONE: _____	EMAIL: _____
EMAIL REPORT TO: <input type="checkbox"/> OWNER <input type="checkbox"/> APPLICANT	

PROPERTY INFORMATION	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL
PROPERTY TAX ID#: 28- _____	TWP: _____	SECTION: _____
ADDRESS: _____	CITY, ZIP: _____	
SUBDIVISION: _____	LOT#: _____	
SIZE OF PARCEL: _____ ACRES/SQ FT	EVALUATION FOR PROPOSED LAND SPLIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, ARE PARCELS LESS THAN 1 ACRE PROPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YEAR EXISTING PARCEL CREATED: <input type="checkbox"/> PRIOR TO JULY 28, 1997 <input type="checkbox"/> JULY 28, 1997 TO PRESENT		
NOTE: SITES WITH DIFFICULT SOIL CONDITIONS MAY REQUIRE BACKHOE EXCAVATION AT THE OWNER/APPLICANTS EXPENSE		

FOR SUBDIVISIONS, SITE CONDOS, CONDOS, OR CONDO CONVERSION PROPOSALS	
DEVELOPER	CONSULTANT
NAME: _____	NAME: _____
ADDRESS: _____	FIRM NAME: _____
CITY, STATE, ZIP: _____	LICENSE #: _____
PHONE: _____	OFFICE PHONE: _____
EMAIL: _____	CELL PHONE: _____
PARENT PARCEL SIZE: _____	EMAIL: _____
NUMBER OF PROPOSED LOTS: _____	WASTEWATER: <input type="checkbox"/> INDIVIDUAL ONSITE <input type="checkbox"/> ONSITE COMMUNITY <input type="checkbox"/> MUNICIPAL
AVERAGE LOT SIZE: _____	WATER SUPPLY: <input type="checkbox"/> INDIVIDUAL ONSITE <input type="checkbox"/> ONSITE COMMUNITY <input type="checkbox"/> MUNICIPAL
NAME OF PROPOSED DEVELOPMENT: _____	

I hereby authorize Grand Traverse County Health Department to evaluate the above described property to determine its suitability for the development plans indicated, and to conduct such tests as may be necessary in order to obtain the information required for this evaluation. I also agree to comply with the Environmental Health Regulations for Grand Traverse County, and with the applicable laws of the State of Michigan.

SIGNATURE (owner or agent) _____ DATE: _____

Receipt Date: _____	Receipt #: _____	Initials: _____
Miss Dig #: _____		

Please Include the Following:

- 1. Property lines/dimensions**
- 2. Building locations – proposed and existing**
- 3. Well Locations – proposed and existing**
- 4. Septic tank and drainfield locations – proposed and existing**
- 5. Septic and well locations of neighboring properties (if known)**
- 6. Streets, Roads, Driveways**
- 7. Bodies of water and/or wetlands**
- 8. Slope**
- 9. Please complete a site drawing below. If more room is needed, please submit additional pages.**

