

CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT – ENVIRONMENTAL HEALTH
190 E. Michigan Avenue, Suite A 100, Battle Creek, MI 49014; (269) 969-6341
REQUEST FOR SITE EVALUATION

IMPORTANT NOTE: Fill out completely and attach requested information or form may be returned.

LOCATION (Name of Road): _____ TOWNSHIP: _____

SPECIFIC DIRECTIONS TO PROPERTY: _____

NAME AND PHONE NUMBER(S)
OF INDIVIDUAL(S) MEETING THE INSPECTOR: _____

VEHICLE YOU WILL BE DRIVING, MAKE & COLOR: _____

PRESENT OWNER(S): _____ PHONE: (Home) _____ (Work) _____

HAVE YOU OWNED THE PROPERTY SINCE JULY 6, 1987? YES NO

FACILITY TO BE: Residential Public Governmental

IF SITE APPROVED, DO YOU WANT PERMIT(S) AT TIME OF APPOINTMENT? YES NO

IF YES, COMPLETE THE FOLLOWING:

Owner's name/mailling address/phone: _____

Number of Bedrooms _____ Garbage Disposal: YES NO Bathroom in Basement YES NO

Residential: Sewage disposal permit \$163; Well permit \$136; Both = \$299 - payable at time of appointment. Permits expire after 12 months.

*** A BACKHOE (CUT RANGE 8' – 10') IS REQUIRED FOR ALL SITE EVALUATIONS ***
A backhoe MUST BE available at time of evaluation (unless previous arrangements with sanitarian have been made) for sanitarian to observe soils as hole is being dug. Multiple holes may be required.

- **SUBDIVISIONS OR SITE CONDOMINIUMS WILL REQUIRE A MEETING.**
Please contact this office at 269-969-6341. *THIS FORM NOT APPLICABLE.*
- **RESURVEY OF PREVIOUSLY APPROVED SITED WILL INVALIDATE EVALUATION.**
- **ENGINEERED SYSTEMS ARE NOT APPROVED FOR NEW CONSTRUCTION.**

THE FOLLOWING IS REQUIRED PRIOR TO SETTING AN APPOINTMENT. PLEASE PROVIDE COPIES.

- Applicable fee with check payable to CCPHD: \$108 fee each building site, including land division.
- If backhoe cut provided by CCPHD: Total fee \$308 (included \$108 evaluation fee)
- Legal description
- Tax ID number
- Site/lot map. If permits desired, show location of house, etc.
- Signed permission from owner of property

NOTE: You will need to know location of buried utilities. Call Miss Dig prior to the appointment (1-800-482-7171).

If report(s) is mailed, mail
to (name and address): _____

Today's Date: _____ Applicant's Signature: _____

Print Name and Title: _____

Applicant's phone: Home _____ Work _____ Cell _____

For CCPHD use:	Fac #:	GO	Ck #	Cash	<input type="checkbox"/>	Book?	<input type="checkbox"/>
Amount:	Rcvd:						