



CALHOUN COUNTY PUBLIC HEALTH DEPARTMENT – ENVIRONMENTAL HEALTH
190 E. Michigan Avenue, Battle Creek, MI 49014
Phone (269) 969-6341 FAX (269) 969-6490

APPLICATION FOR SEWAGE SYSTEM INSTALLERS REGISTRATION - 2015

PLEASE PRINT OR TYPE

ALL INFORMATION MUST BE PROVIDED TO QUALIFY FOR REGISTRATION

Name of Business _____

Is this a new business name? Yes No

Business Phone _____ Cell Phone (*include area code*) _____

Business Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Is this a new mailing address? Yes No

Owner's Name _____ Phone (*include area code*) _____

Owner's Mailing Address _____

City _____ St _____ Zip _____

Location: County _____ Township _____ Section _____

Driver's License No _____ Birth Date _____

Experience and/or Training _____

Counties Served _____

Licensed Septic Tank Cleaner Yes No If Yes, License #: _____

County of Septage License _____

Licensed Plumber Yes No If Yes, License #: _____

The above information is submitted in accordance with the provision of Chapter III, Section VI Business of Building Sewage Disposal Systems "Registration Required" of Calhoun County, State of Michigan, in effect January 2, 1975.

The undersigned being duly sworn, deposes and says (or affirms) that the statements herein contained are true and correct. I have read the rules and requirements and will abide by the stipulations and design of the code and sewer permits. The registration is submitted herewith. **Registration fee is \$62, due February 1.** Make checks or money orders payable to: CCPHD. Credit cards accepted with faxed application – phone us at 269-969-6341 with your credit card payment.

Owner's Signature Date

Approving Sanitarian Date

<i>For CCPHD use:</i>	<i>Ck #</i>		<i>Credit card</i>		<i>Cash</i>		<i>List</i>		<i>Labels</i>		<i>Swords</i>	
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