



Sanilac County Health Department
Environmental Health Division
 171 Dawson Street, Suite 123, Sandusky, MI 48471
 Phone: 810-648-4098 Ext 124 Fax: 810-648-2646

Date Paid	_____
Eval Fee Paid	_____
H2O Sampling Plus Shipping Fee	_____
Total Amount Paid	_____
Cash - Cr. Card - Ck #	_____
Receipt Number	_____

Application For Evaluation

CHECK ALL THAT APPLY: _____ Mortgage Evaluation _____ Commercial
 _____ Existing Water _____ Existing Septic _____ Preliminary Soil/Site (Vacant Land) _____ Plat Review
Vacant Land - Fill in top 3 sections of this application only

**** REQUIRED - MUST BE FILLED IN COMPLETELY TO PROCESS APPLICATION - REQUIRED ****

PROPERTY INFORMATION
 Property Tax ID # _____ Township _____ Section# _____
 Site Address _____ City _____ Zip _____
 Direction from nearest crossroads _____ On what side of road: N - S - E - W
 Property Size: Road Frontage _____ Depth _____ Subdivision Name _____ Lot # _____
 Acres _____ If less than 1 acre include date of division/land split _____ Must provide documentation showing division date

LANDOWNER INFORMATION
 Name _____ Address _____
 City _____ State _____ Zip _____
 1st Phone # _____ 2nd Phone # _____
 EMAIL Results to _____ OR Mail Results to this address Yes ___ No ___

APPLICANT INFORMATION IF OTHER THAN LANDOWNER
 Name _____ Address _____
 City _____ State _____ Zip _____
 1st Phone # _____ 2nd Phone # _____
 EMAIL Results to _____ OR Mail Results to this address Yes ___ No ___

Year home was build: _____ Year septic system was install: _____ Installed by: _____
 Type of water Supply: Well or Municipal Year water supply was installed: _____ Installed by: _____
 Is home currently occupied: Yes or No Home used year round: Yes or No Laundry facilities on site: Yes or No
 What is the purpose of this evaluation: Remodeling _____ Replacing _____ Home addition _____ Home Loan _____
 Adding accessory building: Y or No How many bedrooms does the home have: _____ Will any bedrooms be added: Yes or No
 If yes, what is the total number of bedrooms the home will have after the project is complete _____

Explain reason for Eval or changes that will be made to the property or buildings: _____

Date when premises will be ready for inspection _____ *Check all needed water sampling: ___ Bact ___ Partial Chem*
 _____ *Arsonic ___ Lead ___ Other: _____*
Explain

_____ **Applicant Signature** _____ **Date** _____

On a separate sheet, provide a detailed, scaled drawing showing the property as it exists now, and if changes are to be made, a second drawing showing all the planned changes. The site drawing must include: locations of the well and sewage system, locations of all buildings, and size of property. Right angle measurements from a landmark are required. Submittal of an accurate, detailed site plan is MANDATORY.

This is NOT a permit. Any installation prior to the issuance of a permit will result in a fee (3) times the basic permit fee. I hereby certify the above information is accurate and that payment of the application fee is NON-REFUNDABLE. All above information must be provided or the application will be returned to you as incomplete and will not be processed.

Updated 3/09/20