

# District Health Department No. 10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford Counties

## Building Permit Authorization (BPA) Application

### Property Owner or Prospective Owner (Buyer):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (home)

Mailing Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (alternate)

### Property Information:

Directions to Property: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_ Street Address: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ Section #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Est. Age of Septic System: \_\_\_\_\_

Lot Size (acres): \_\_\_\_\_ Lot Width (ft.): \_\_\_\_\_ Lot Depth (ft.): \_\_\_\_\_

### Type of Facility:

Single Family Residence: \_\_\_\_\_ Multi-family Residence: \_\_\_\_\_ Commercial Business: \_\_\_\_\_

### Proposal to:

Replace the original structure: \_\_\_\_\_ Construct an addition onto the original structure: \_\_\_\_\_

Construct an additional structure: \_\_\_\_\_ Change or alter the business use of the property: \_\_\_\_\_

If a residential property, what is the total number of **existing** bedrooms? (include a loft for sleeping): \_\_\_\_\_

What will the total number of bedrooms be when the project is **finished**?: \_\_\_\_\_

Will there be a garbage disposal?: Yes \_\_\_ No \_\_\_ Will there be a water softener?: Yes \_\_\_ No \_\_\_

If a commercial property, what changes are proposed by the site?: \_\_\_\_\_

If changes, modifications or repairs are required as a result of this evaluation, the applicant, by affixing their signature, certifies that they are either the property owner or a authorized representative and agrees to comply with the requirements of the Sanitary Code and with the applicable laws of the State of Michigan in making changes, modifications and repairs to the sewage treatment or water supply systems existing on the above described property. It is understood that final inspections and approval is required before covering the required changes, modifications or repairs authorized by permit. I CERTIFY THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicants Signature (owner or authorized representative)

Date

### For LHD Use Only

BPA#: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

## Instructions

1. Complete the entire application and sign.
2. Draw a plot plan showing the location of the **existing** buildings, road, driveways, septic system, well and any buried storage tanks. Show the **proposed** additions and buildings as well as measurements including the distance between the building addition and the well/septic systems.
3. If no record of a permit is found on file at the Health Department, a bedroom is added or if final approval was never granted by this department, you must complete the following:
  - A. Uncover the septic tank and have it pumped out. Have the septic tank pumper estimate the capacity of the tank.
  - B. Stake the four corners of the drain field or uncover the drywell.
  - C. If a drain field, uncover a portion of the header (top of the septic system) and a portion of the footer (the end of the septic system)
  - D. Call the health department for an inspection when the above steps are completed.

**Plot Plan** (see instruction #2)

## Building Permit Authorization

**BPA#** \_\_\_\_\_

For the proposal above herein submitted, the following determination has been made pertaining to the usage of the existing sanitary facilities:

The SEWAGE DISPOSAL SYSTEM is:

The WATER SUPPLY SYSTEM is:

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Provisional Approval \_\_\_\_\_

Provisional Approval \_\_\_\_\_

(subject to the conditions, restrictions and/or limitations described in "comments")

Not Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

(upgrading or replacement needed)

(upgrading or replacement needed)

Comments: \_\_\_\_\_

\_\_\_\_\_

Sanitarian: \_\_\_\_\_

Date: \_\_\_\_\_