

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: _____