



Building Permit Authorization (BPA) Application

Property Owner Name			
Address	City	State	Zip
Phone #	Cell Phone #	Fax #	
Email Address			

Contractor Name			
Address	City	State	Zip
Phone #	Cell Phone #	Fax #	
Email Address			

Property Information			
Directions to Property _____ _____ _____			
Property Address		Property Parcel #	
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: Yes No Multi-family Residence: Yes No Commercial Business: Yes No

Proposal to:

Replace the original structure: Yes No Construct an addition onto the original structure: Yes No

Construct an additional structure: Yes No Change or alter the business use of the property: Yes No

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

What will be the total number of bedrooms 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 to the property? _____

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 an 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 _____

Instructions

1. Complete the entire application and sign.
2. Draw a site plan showing the location of the **existing** buildings, road, driveways, septic system, well and any buried storage tanks.
3. Show the **proposed** additions and buildings as well as measurements including the distance between the building addition and the well and septic system.
4. 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 drainfield or uncover the drywell.
 - C. If a drainfield, 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.

Site Plan



Building Permit Authorization

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:
Approved

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

Not Approved
(upgrading or replacement needed)

The WATER SUPPLY SYSTEM is:
Approved

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

Not Approved
(upgrading or replacement needed)

Comments: _____

Sanitarian Signature

Date