



**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