



ENVIRONMENTAL HEALTH DEPARTMENT

705 NORTH ZEEB RD.
P.O. BOX 8645
ANN ARBOR, MI 48107-8645

APPLICATION FOR PERMIT

Phone: (734) 222-3800
Fax: (734) 222-3930
Website: www.ewashtenaw.org

Permits will not be issued without correct address assigned by the Township or local utilities company!

Property Tax ID #: _____ - _____ - _____ - _____ Township: _____ Section #: _____

Address of Property: _____
(For soil evaluations, provide the nearest existing address, including the direction.)

City: _____ Zip: _____

Nearest Two Crossroads: _____

Description of Property (check one):

- Metes & Bounds Acres: _____ **Provide 2 copies of a scaled site plan (1" = 40') and 3 copies of a Certified Survey/Legal Description.**
- Subdivision Sub. Name: _____ Lot: _____ **Provide 2 copies of a scaled site plan (1" = 40').**

Type of Building/Structure (check one):

- New: Single family dwelling with _____ bedrooms, _____ bathrooms (including rough-in plumbing).
- Existing: Single family dwelling with _____ bedrooms, _____ bathrooms. **(If an addition, total bedrooms _____, bathrooms _____).**
- Other: _____

APPLICANT: _____

Address: _____

City: _____ State: _____ Zip: _____

Work/Cell Phone: (_____) _____

Home Phone: (_____) _____

Email: _____

OWNER (if not Applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Work/Cell Phone: (_____) _____

Home Phone: (_____) _____

Email: _____

Applicant's Signature: _____ **Date:** _____

SERVICE(S) APPLYING FOR:

- Soil Evaluation
- Permit(s)
- Addition/Remodeling Review
- Seasonal High Water Table Evaluation
- Non-Conformance Plan Review/Inspection (T.O.S.)
- Feasibility Study for Onsite Sewage Disposal
- Other: _____

TYPE OF SEWAGE/WATER SUPPLY SYSTEM(S) (check all that apply):

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <u>Sewage Disposal:</u> | <u>Water Supply:</u> |
| <input type="checkbox"/> New <u>OR</u> <input type="checkbox"/> Replacement | <input type="checkbox"/> New <u>OR</u> <input type="checkbox"/> Replacement |
| _____ Conventional Gravity <u>OR</u> | _____ Potable Water (House/Barn) |
| _____ Conventional Pumped | _____ Other: _____ |
| _____ Sand Filter System | <input type="checkbox"/> Test Well |
| _____ Modified Fill-Type | <input type="checkbox"/> Municipal |
| _____ Other: _____ | |
| <input type="checkbox"/> Municipal | |

FOR OFFICE USE ONLY	SHWTE #: _____
Soil Evaluation #: _____	Addition Review #: _____
Sewage Permit #: _____	Sanitarian: _____
Well Permit #: _____	CSR: _____