



Sanilac County Health Department
Environmental Health Division
 171 Dawson Street, Suite 123, Sandusky, MI 48471
 Phone: 810-648-4098 Ext 124 Fax: 810-648-2646

O & M Required	Yes or No
Date Paid	_____
Amount Paid	_____
Receipt Number	_____
Permit Number	_____

SEWAGE PERMIT APPLICATION

Application expires one year from date of submittal

**** REQUIRED - MUST BE FILLED IN COMPLETELY TO PROCESS APPLICATION - REQUIRED ****

PROPERTY INFORMATION

Property Tax ID # _____ Township _____ Section# _____
 Site Address _____ City _____ Zip _____
 Direction from nearest crossroads _____ On the N S E W side of road
 Property Size: Road Frontage _____ Depth _____ Subdivision Name _____ Lot # _____
 Acres _____ if less than 1 acre include date of division/landsplit _____ and provide documentation showing division

LANDOWNER INFORMATION

Name _____ Address _____
 City _____ State _____ Zip _____
 1st Phone # _____ 2nd Phone # _____
 EMAIL Permit to _____ OR Mail Permit to this address Yes ___ No ___

APPLICANT INFORMATION IF OTHER THAN LANDOWNER (IF APPLICABLE)

Name _____ Address _____
 City _____ State _____ Zip _____
 1st Phone # _____ 2nd Phone # _____
 EMAIL Permit to _____ OR Mail Permit to this address Yes ___ No ___

SEPTIC PERMIT INFORMATION

Application For: New (vacant property) _____ Replacement _____ Tank Only _____

Type of Building: Residential _____ Commercial _____

of Bedrooms _____ Spa Tub: Y/N Garbage Disposal: Y/N Basement/Footing Drains: Y/N Sewage Injector Pump: Y/N
 Food Service: Y/N Licensed child/Adult Care Home: Y/N Square Footage of Dwelling: _____
 Water Supply: Municipal or Well > Residential _____ Type II _____ Type III _____

PLEASE EXPLAIN REASON FOR SEPTIC REPLACEMENT OR ANY OTHER COMMENTS BELOW:

DATE TEST HOLES WILL BE READY _____ SEWAGE INSTALLER/CONTRACTOR _____

<i>The following documents must be submitted with this application. Please follow instruction sheet carefully</i>		
<input type="checkbox"/> Detailed scaled site plan	<input type="checkbox"/> Legal Description	<input type="checkbox"/> Payment
_____	_____	_____
Applicant Signature	Date	

This is NOT a permit. Any installation prior to the issuance of a permit will result in a fee (3) times the basic permit fee. I hereby certify the above information is accurate and that payment of the NON-REFUNDABLE application fee does not guarantee the issuance of a permit. All above information must be provided or the application will be returned to you as incomplete and will not be processed.