

ENVIRONMENTAL HEALTH DIVISION
 Shiawassee County Health Department
 Third Floor, Surbeck Building
 201 N. Shiawassee Street
 Corunna, Michigan 48817
 Phone: (989) 743-2390 Fax: (989) 743-2413

DO NOT WRITE BELOW

Application Number	
Receipt No.	Amt. Pd.
Date Received	

PLAN REVIEW APPLICATION - SUBDIVISION / SITE CONDOMINIUM

1. GENERAL INFORMATION

(PLEASE PRINT)

Property Location: _____ Township: _____ Sec. No. _____
 (Name of Road)

Owner's Name: _____ Address: _____
 Mailing Address City State Zip Code

Home Phone No. () _____ Work Phone No. () _____

Applicant's Name: _____ Address: _____
 Mailing Address City State Zip Code

2. TYPE OF PROPOSED DEVELOPMENT

Individual on-site sewage disposal systems? Yes [] No []

Small community system (Less than 10,000 gal/day) []
 (Greater than 10,000 gal/day) [] M.D.E.Q. Approved Yes [] No []

Proposed number of parcels/lots _____

Name of Engineer/Design Consultant: _____

Plans submitted? Yes [] No []

Pre-treatment? Yes [] No []

Basis for design: _____

3. DESCRIPTION OF PROPERTY LOCATION

A. Consider this a one mile section. Give the name of the road your property is located on and the names of the nearest cross-roads. Place an "X" to indicate your property location. Please indicate which direction is North.

B. My property is located on the North [] South [] East [] West [] side of _____ Road _____ Feet from the intersection of _____ Road and _____ Road.

4. IT IS THE RESPONSIBILITY FO THE BACKHOE OPERATOR TO SET UP THE SOIL EVELUATION APPOINTMENT WITH THE SANITARIAN.

PRIOR TO ANY DIGGING * CALL MISS DIG * 1-800-482-7171

Signature of Owner/or Applicant

Date

APPLICATION MUST BE SIGNED TO BE VALID!