

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



Application Number	
Receipt No.	Fee Amount
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 onsite wells ? Yes [] No []
 Individual onsite sewage disposal systems? Yes [] No []
 Small community system (Less than 10,000 gal/day) []
 (Greater than 10,000 gal/day) [] MDEQ Approved Yes [] No []

Proposed number of parcels/lots _____

Number of acres _____

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 OF THE BACKHOE OPERATOR TO SET UP THE SOIL EVELUATION APPOINTMENT WITH THE SANITARIAN. PRIOR TO ANY DIGGING * CALL MISS DIG * 800 - 482 - 7171**

Signature of Owner/or Applicant _____
Date