



## **Commercial Sewage Permit**

*Note: This application is for a “Commercial Sewage Permit”. If you are applying for single or two family dwelling, a different application is required.*

### **Step 1: Complete application**

*Carefully and accurately complete the application as instructed on reverse side of this page.*

### **Step 2: Arrange for a backhoe**

*SCHD requires the use of a backhoe to make the cut(s) to evaluate the types of soils present. The sanitarian must be present to observe when the backhoe cut(s) for evaluation are made.*

### **Step 3: Schedule Appointment**

*The sanitarian will hold your application until they are contacted by you or your contractor to set an appointment for the evaluation. The best time to call to set an appointment time is between 8–9:30 am, Monday – Friday.*

### **Step 4: Soils Evaluation**

*A sanitarian, your contractor with the backhoe, and any interested parties will meet on-site at the scheduled time. The sanitarian will complete the soil evaluation and will provide information on the system requirement. The permit will be issued based on this evaluation.*

### **Step 5: Permit Issued**

*The sanitarian will issue the permit needed to install your system. The permit is valid for two years and can be renewed for an additional year for a fee.*

### **Step 6: Final Inspection**

*Your contractor will contact the sanitarian to schedule the final inspection for approval of your sewage disposal system.*

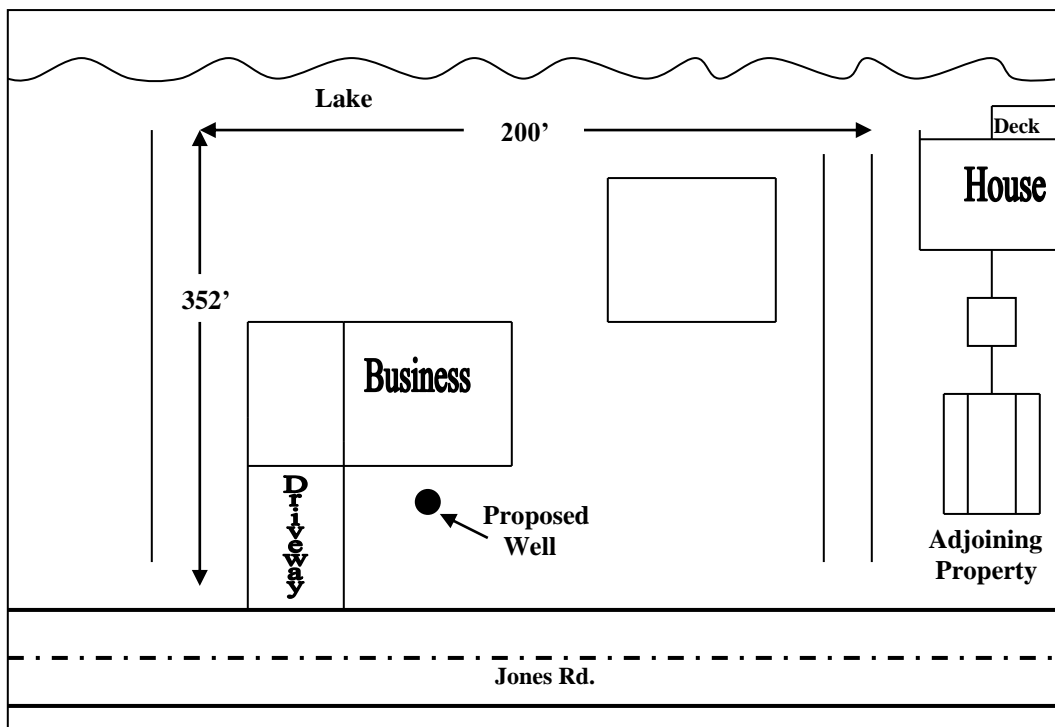
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#### **Environmental Health Division**

# Instructions

- & 2. Complete all items in these sections
- General location map – (Sample of how to answer #3)
  - Please fill out completely
- The application will not be processed until a backhoe appointment is arranged. The backhoe operator of your choice must contact the sanitarian to arrange such appointment. The best time to reach them by phone is between 8:00 and 9:30 A.M., Monday through Friday.
- We must have an accurate scaled or dimensioned plot plan before the permit can be issued.

## Example of how to answer #5





201 N. Shiawassee St., 3<sup>rd</sup> Floor, Corunna, MI 48817  
 Phone: 989-743-2490 / Fax: 989-743-2413  
<http://health.shiawassee.net>

Application Number	
Receipt #	Amt. Pd.
Date Received	

## Commercial Sewage Application

### 1. General Information

Address – if assigned / Road Name	Township	Section No.
Land Owner's Name	Mailing Address	City State Zip Code
Phone Number	Email	
Applicant's Name	Mailing Address	City State Zip Code
Phone Number	Email	

### 2. Type of Proposed Development

New  Existing  Type of Operation \_\_\_\_\_

Estimated Water Usage \_\_\_\_\_ Gal./Day How Determined \_\_\_\_\_

Number of Toilets \_\_\_\_\_ Urinals \_\_\_\_\_ Hand washing Sinks \_\_\_\_\_ Showers \_\_\_\_\_ Baths \_\_\_\_\_

Number of Shifts \_\_\_\_\_ Number of Employees/Shift \_\_\_\_\_ Maximum Number of Patrons \_\_\_\_\_

Number of Floor Drains \_\_\_\_\_ Garbage Disposal Yes  No

Types of Chemicals or Solvents Used \_\_\_\_\_

Other: \_\_\_\_\_

### 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 crossroads. 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.

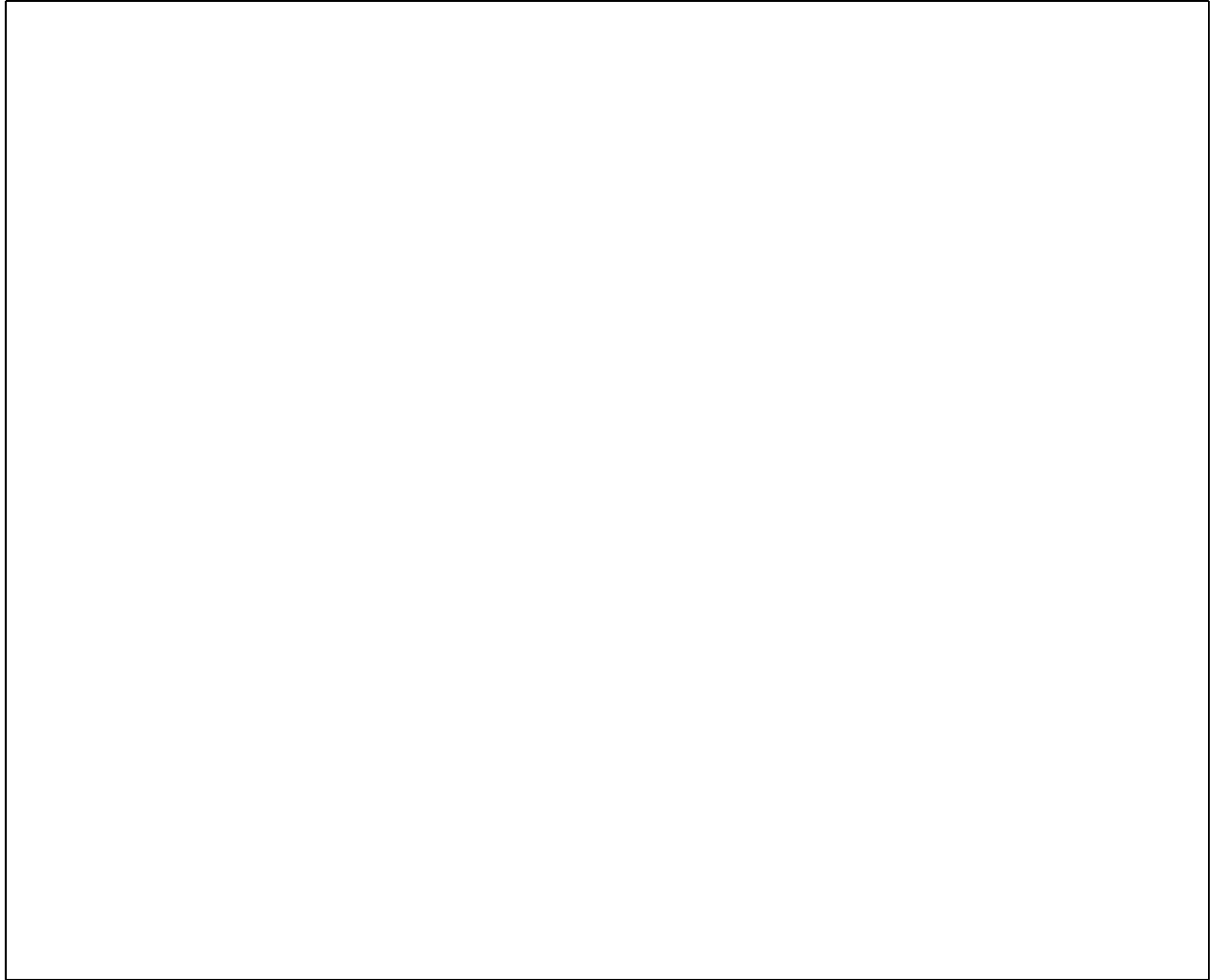
4. It is the responsibility of the backhoe operator to set up the soil evaluation appointment with the Sanitarian. They should call between 8:00 and 9:30 A. M.

**Prior to any Digging – Call Miss Dig 1-800-482-7171**

Signature of Owner - Applicant - or Authorized Agent	Date		
Mailing Address: _____			
Home or Business Address	City	State	Zip Code
Phone Number _____			

5. Plot Plan Drawing – Must include the following

Lot Size, North Arrow, Fronting Roads, Proposed Grand Changes, Any Easements, Building Location, Water Well Location, Sewage System Water Well and Sewage Systems – Adjoining Properties, any Lake, River, Well Isolation 75 Ft. from Septic System, Driveway and Utility Lines (Gas, Electric and Phone).



\_\_\_\_\_ Road Name

\_\_\_\_\_ Township

\_\_\_\_\_ Section No.

\_\_\_\_\_ Signature of Owner or Applicant

\_\_\_\_\_ Date

Scaled Plot Plan for Sewage Permit No. \_\_\_\_\_