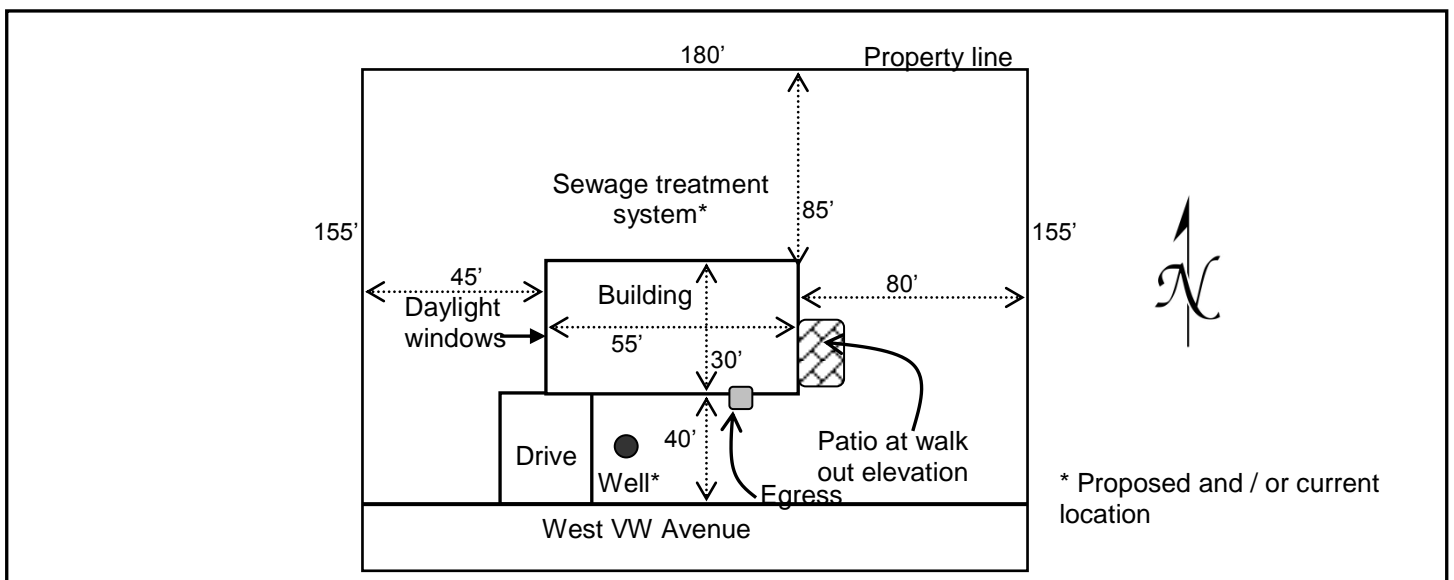


# Instructions for Completing a Commercial Sewage Treatment Permit Application

- Fill out the application and supplemental commercial information form completely. An incomplete or inaccurate application will be returned to you prior to our office initiating any work. This may delay the issuance of the permit.
  - Submit application and [fee](#) to:
    - By Mail:** Kalamazoo County Health & Community Services Department  
Environmental Health  
PO BOX 42  
Nazareth, Michigan 49074-0042
    - By Fax:** (269) 373-5333
    - By E-Mail:** [ehincoming@kalcounty.com](mailto:ehincoming@kalcounty.com)
  - Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by FAX or MAIL only.
  - If the review and field work for issuance of your permit exceeds four hours of time and/or more than four site visits will be required, you will be contacted for an additional permit payment of \$90.00 per each additional hour and/or additional site visit. This additional fee must be paid prior to the permit being issued.
  - In the case of new construction, mark the property at roadside and the proposed building corners with flagging tape.
  - Please indicate on the application form if you wish to be present for the evaluation. You will be contacted upon receipt of the application to schedule an appointment. **Prior to a site visit, this office will contact Miss Dig to request utility staking. Please allow 3 business days for staking.**
  - If there is a buried well head on your property or on a neighboring property, it may be necessary for you to uncover each buried well head to insure the permitted sewage treatment system will be a minimum of 50 feet away. If this is necessary, it will be your responsibility to perform this work. Your permit will not be issued until the wellhead is uncovered and inspected by the Health & Community Services Department.
  - Your permit will be mailed (and faxed or e-mailed, if requested) to you upon completion.
- NOTE:** In accordance with P.A. 451 of 1994, any earth change activity within 500 feet of a water body including a lake, stream or county drain requires an Earth Change Permit. For more information call the Soil Erosion and Sedimentation Control Office at (269) 384-8117.

## Property Development Plan Example



# Application for an Onsite Sewage Treatment System Permit

(Please print. Complete entire form to avoid a delay in permit issuance.)

**Onsite sewage treatment system will serve / be used for (check one):**

- Single Family Dwelling                       Other  
 Duplex/Multi-Family Dwelling

For Office Use Only  
Permit #: aaaaaaaa

**Property Information:**

Parcel / Tax ID #: \_\_\_\_\_ Lot Size/Dimension: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Subdivision & Lot #: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ City/Village/Township: \_\_\_\_\_

**Issue Permit To:**

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_

- Mail Permit to above address                       E-mail Permit to: \_\_\_\_\_  
 Call me to pick up the Permit                       Fax Permit to: \_\_\_\_\_

**Additional Information:**

	Yes	No
Is property served by a <input type="checkbox"/> Private Well or <input type="checkbox"/> Municipal Water?      Number of Bedrooms: _____		
<input type="checkbox"/> New Construction                      Municipal Sewer Available? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property will be posted and house corners staked: _____ (Enter Date)      Garbage Disposal? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Replacement (existing system)      Basement Plumbing? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing septic tank capacity (gallons): _____      Walkout / Daylight Basement? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of soil over septic tank (inches): _____      Egress Window(s)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Septic Tank Only      Is there an existing / proposed geothermal system on this property? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Property Development Plan:**

- Road                       Property Dimensions  
 House                       Egress Window(s)  
 Garage                       Walkout / Daylight Elevation  
 Drive                       Proposed or Current  
 North Arrow                       Sewage System  
 Fuel Oil Tank                       Water Well  
 Geothermal System

**If you wish to be present at the hearing, please contact the office at 269-373-5333.**

I hereby make application for an onsite sewage treatment system permit. Attached is my application fee. I understand that payment of the non-refundable fee does not guarantee the issuance of a permit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Non-residential Sewage Treatment System Permit Application Supplemental Information

Please complete the following for a facility other than single-family dwelling or duplex. A sewage treatment system permit will be issued under the authority of the Michigan Criteria for Subsurface Sewage Disposal and the Kalamazoo County Sanitary Code.

Name of Proposed Facility: \_\_\_\_\_

Type of Proposed Business: \_\_\_\_\_

Total Square Footage of Building: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

List waste fixture type and number of each (for example, 3 toilets, 5 sinks, 1 urinal, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Facility a food service or drinking establishment?  No  Yes If yes, continue below.

- No Food Service, Beverages Only
- Full Service Restaurant
- Limited Service Restaurant

Number of Seats: \_\_\_\_\_ Number of seat turnovers expected per day: \_\_\_\_\_

Open for (circle appropriate meals): Breakfast Lunch Dinner

**Please include any other information relevant to the waste generated and the design of the sewage treatment system. You may be contacted for information specific to the type of facility described above.**

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If plan review and site evaluation time exceeds four (4) hours or if more than two (2) construction final inspections are required, you will be charged an additional hourly fee for service time and/or the re-inspection fee per additional inspection. Permit will not be issued until additional fees are paid in full. You will be contacted if additional fees apply.**



# MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health by FAX or MAIL only. Please **fully complete** and **SIGN** this form and send it with the application.

Service Requested \_\_\_\_\_

Address of Property \_\_\_\_\_

Service Requested by \_\_\_\_\_

Cardholder's daytime phone number \_\_\_\_\_

Name of Credit Card Holder as it appears on the credit card:

\_\_\_\_\_  
First Middle Last

**Billing Address:**

\_\_\_\_\_  
Street Address City & State Zip Code

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

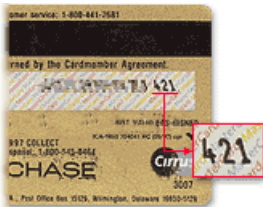
\_\_\_\_\_ This shaded area is for office use only. \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_



V-Code: \_\_\_\_\_

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ MC \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_

Health & Community Services Department  
Environmental Health Unit  
3299 Gull Road  
Kalamazoo, MI 49048-0042



KALAMAZOO COUNTY GOVERNMENT  
In the Pursuit of Extraordinary Governance...

Phone: (269) 373-5337  
Fax: (269) 373-5333  
Web: [www.kalcounty.com/eh](http://www.kalcounty.com/eh)