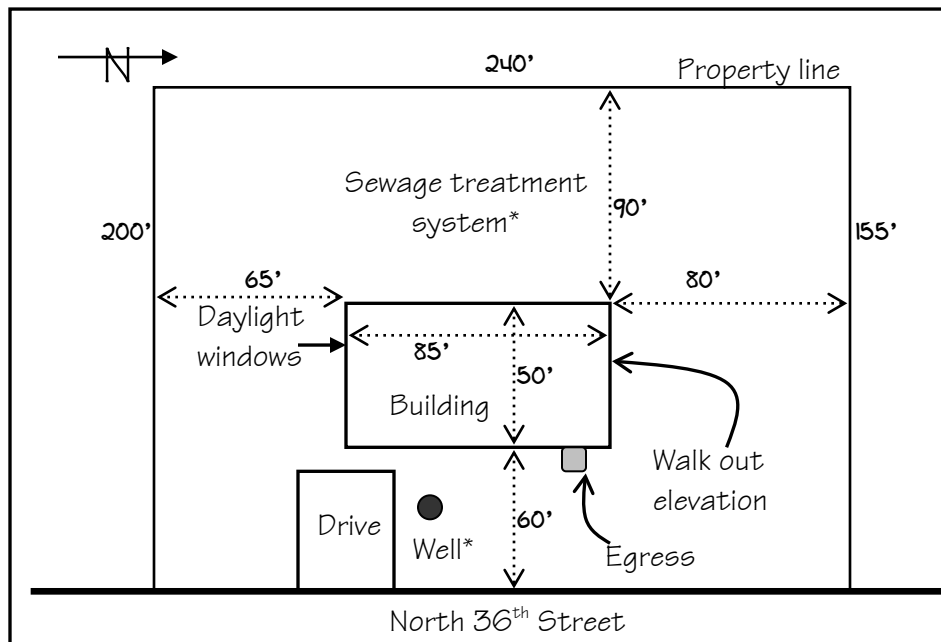


Instructions for Completing a Commercial Sewage Treatment Permit Application

1. Fill out the application and supplemental commercial information form completely. An incomplete or inaccurate application or supplemental form will be returned to you prior to our office initiating any work. This may delay the issuance of the permit.
2. Submit application and \$150 to:
Kalamazoo County Health & Community Services Department
Nazareth Complex
Environmental Health Division
PO BOX 42
Nazareth, Michigan 49074-0042
3. If the review and field work for issuance of your permit exceeds four hours of time and/or more than two final inspections will be required after the system is installed, you will be contacted for an additional permit payment of an hourly fee for time and/or a fee of \$33.00 for each inspection over the typical two inspections. This additional fee must be paid prior to the permit being issued.
4. Payment can be made with cash, check (payable to Kalamazoo County Health & Community Services Department), or credit card.
5. In the case of new construction, mark the property at roadside and the proposed building corners with flagging tape (available at this office).
6. 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.
7. 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.
8. Your permit will be mailed (and faxed, 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



* Proposed or current location

Application for a Sewage Treatment System Permit

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

For office use only:
Appl # _____

Single Family Dwelling Duplex Other (Include Supplemental Application Form)

Property Information:

Parcel or Tax ID # _____ Lot Size/Dimension _____

Street Address _____

Township _____

Subdivision _____ Lot Number _____

Applicant Information:

Name/Agent _____ Daytime tele. # (s) _____

Mailing Address (street) _____
(city/state) _____ (zip) _____

Mail permit to (street) _____
(city/state) _____ (zip) _____

Fax permit to (fax number) _____ Call me to pick up permit.

Additional Information:

Water supply: Municipal Private Well

New construction Date property will be posted at road and house corners will be staked: ____/____/____

Replacement of existing system (Existing septic tank size is _____ gallons with ____ inches of soil over lid.)

Number of bedrooms: _____ Garbage disposal unit? Yes No Walkout basement? Yes No

Egress Window? Yes No Basement Plumbing? Yes No Daylight basement? Yes No

Property Development Plan (Sketch property features in box below or submit an additional sheet. For guidance, see the example on the "Instructions" sheet. Drawing need not be to scale.)

Include these features, if applicable:

- Road House
- Garage Drive
- North arrow
- Property dimensions
- Sewage treatment system (proposed or current)
- Water well (proposed or current)
- Egress window
- Walkout or daylight elevation
- New construction sites must include house setbacks in feet from each property line

If you prefer to be present, please make an appointment after submitting application and payment.

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

1. Name of proposed facility: _____

2. Type of proposed business: _____

3. Total square footage of building: _____

4. Days & hours of operation: _____

5. Total number of employees: _____

6. List waste fixture type and number of them below (ex: 3 toilets, 5 sinks, 1 urinal etc...)

_____	_____
_____	_____
_____	_____

7. Is facility a food service or drinking establishment? _____ If yes, continue.

No Food Service, Beverages Only

Full Service Restaurant

Limited Service Restaurant

7a. Number of Seats _____ Number of seat turnovers expected per day _____

7b. 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.

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

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **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 _____

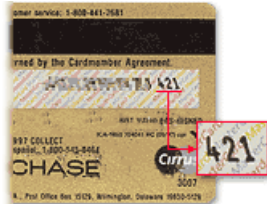
Name of Credit Card Holder as it appears on the credit card:

First Middle Last

Billing Address:

Street Address City & State Zip Code

Credit Card Number:



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

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

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalamazoo.com/eh/forminfo.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

The area below is for office use only.

____ Phone ____ Fax ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount \$ _____