



GRAND TRAVERSE COUNTY

ENVIRONMENTAL HEALTH

WELL & SEPTIC STATUS FORM - \$25

DEMOLITION REMODEL/ ADDITION HOME REPLACEMENT
 CHANGE OF USE FILE REVIEW/OTHER _____

Property Address: _____

Property Tax ID: _____ Township: _____

Owner's Name: _____

Owner's Mailing Address: _____ City, State, Zip: _____

Owner's Phone: _____ Owner's email: _____

Applicant (if other than owner): _____

Applicant Address: _____ City, State, Zip: _____

Applicant Phone: _____ Applicant Email: _____

Brief summary of the proposed changes to the property: _____

RESIDENTIAL

Current # of Bedrooms: _____

Current # of Bathrooms: _____

Proposed # of Bedrooms: _____

Proposed # of Bathrooms: _____

Garbage Disposal: YES NO

Other changes: _____

COMMERCIAL (please attach a brief business plan)

Type of Facility: _____

Current Max # of Employees: _____

Current # of Bathrooms: _____

Proposed Max # of Employees: _____

Proposed # of Bathrooms: _____

Max Customers Per Day: _____

Drinking Fountain: YES NO

Please note that additional information may be required depending on proposed change or use

 Signature of Owner/Contractor

 Date

(TO BE COMPLETED BY SANITARIAN)

Grand Traverse County Environmental Health WELL & SEPTIC STATUS FORM

EXISTING PERMIT AVAILABLE PERMIT # _____ DATE OF ISSUE: _____
 EXISTING PERMIT NOT AVAILABLE

Comments:

Signature of Health Department Representative

Date

OFFICE USE ONLY

Receipt Date: _____ **Rec**

Receipt #: _____

Initials: _____