



**APPLICATION FOR HOUSEHOLD SEWAGE  
TREATMENT SYSTEM SITE EVALUATION**

Fee: \_\_\_\_\_ Date Paid \_\_\_\_\_ Request # \_\_\_\_\_

House Number/Lot No. \_\_\_\_\_ Street or Road \_\_\_\_\_ Twp/City \_\_\_\_\_

Lot Size: Frontage: \_\_\_\_\_ ft. Depth: \_\_\_\_\_ Acreage: \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_ Present Complete Mailing Address \_\_\_\_\_

Owner's Contact Phone # \_\_\_\_\_ Owner's Fax # \_\_\_\_\_

Buyer's Name(s) \_\_\_\_\_ Present Complete Mailing Address \_\_\_\_\_

Buyer's Contact Phone # \_\_\_\_\_ Buyer's Fax # \_\_\_\_\_

Realtor, Builder, Attorney, Other (Circle One) \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**REASON FOR APPLICATION:**

Lot Split (Subdividing an existing parcel) Proposed/requested number of bedrooms: \_\_\_\_\_  
Is there an existing dwelling on any of the lots?  Yes  No

Existing Home Changes  
 Replacing Existing Sewage System Number of bedrooms: \_\_\_\_\_  
 Increasing Number of Bedrooms: From \_\_\_\_\_ to \_\_\_\_\_ (A bedroom is any room that can practically be used as a bedroom including a home office, den, library, etc.)

New Home Construction on Existing Vacant Lot  
Number of Bedrooms: \_\_\_\_\_ (A bedroom is any room that can practically be used as a bedroom including a home office, den, library, etc.)

Replacing Existing Home with a New Home  
Number of Bedrooms: From \_\_\_\_\_ to \_\_\_\_\_ (A bedroom is any room that can practically be used as a bedroom including a home office, den, library, etc.)

Dwelling is currently:  Occupied  Vacant

**Additional Comments/ Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this site evaluation is only valid for one year. If an installation permit is not obtained within one year, a new evaluation will be required.

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

Applicant's relationship to this property (owner, builder, realtor, etc.): \_\_\_\_\_