

BENZIE - LEELANAU DISTRICT HEALTH DEPARTMENT

6051 Frankfort Hwy Suite100
Benzonia, MI 49616

Phone: (231) 882-2103 Fax: (231) 882-2204
www.bldhd.org

SITE SURVEY / VACANT LAND EVALUATION (Perc Test)

Check here if you
 would like to be
present at inspection.

"*" indicates required fields. To see all required fields click on the Highlight Fields button above.

*Property Tax ID#	<input type="text"/>	Existing Home	<input type="text"/>
*Type of Evaluation	<input type="text"/>	*Proposed Use	<input type="text"/>
Property Dimensions	<input type="text"/>	Date Parcel Recorded	<input type="text"/>

*Location of Parcel / Street Name / Address	<input type="text"/>						
*Directions to site: (Include name of nearest crossroads)	<input type="text"/>						
*County and Township	<input type="text"/>	Section	<input type="text"/>	Subdivision	<input type="text"/>	Lot #	<input type="text"/>

*Owner Name	<input type="text"/>	e-mail	<input type="text"/>				
* Address	<input type="text"/>		Phone #	<input type="text"/>			
*City	<input type="text"/>	*State	<input type="text"/>	*Zip Code	<input type="text"/>	Fax #	<input type="text"/>

Purchaser's Name	<input type="text"/>	e-mail	<input type="text"/>				
Address	<input type="text"/>		Phone #	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Fax #	<input type="text"/>

Send report	<input type="text"/>	*Name	<input type="text"/>	e-mail	<input type="text"/>		
Address	<input type="text"/>		Phone #	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Fax #	<input type="text"/>

I hereby authorize the Benzie -Leelanau District Health Department to conduct an evaluation at the above location.

*Signed By Current Date

This request will be processed when the completed application and the correct fee are received.
Please make check payable to: BLDHD

FOR HEALTH DEPARTMENT USE ONLY		Date Fee Paid: _____
Site Evaluation Fee: \$332	_____ Parcels@ \$332/parcel = \$_____	_Cash _Check# _____
Subdivision / Site Condo Fee Up to 20 Lots = \$1365		Paid By: _____
_____ over 20 lots: \$1365 + (\$58 x _____ additional lots) = \$_____		Receipt#: _____
_____ Other Fee Amount		11/1/2020

Commercial Application Supplement

(MUST be completed for commercial establishments)

Please be as descriptive as possible when indicating the following.
Attach additional pages if necessary.
You may be asked to submit architectural or engineered drawings.

Property Tax ID#: <input style="width: 90%;" type="text"/>	Property Address: <input style="width: 90%;" type="text"/>
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Type of building: (office, food service, etc)	<input style="width: 75%;" type="text"/>
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If existing, current use of building.	<input style="width: 75%;" type="text"/>
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Proposed or future use of building:	<input style="width: 75%;" type="text"/>
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Estimated number of employees per day: <input style="width: 80%;" type="text"/>	Number of shifts per day. <input style="width: 80%;" type="text"/>	Estimated number of public/ patrons per day. <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Private Water Well	Estimated number of hours per day of operation. <input style="width: 80%;" type="text"/>	Estimated number of days per week of operation. <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Municipal Water		

(Check with the Benzie County Building Department regarding fixture requirements.)

List all Fixtures: (number of sinks, lavatories, showers, etc.)	<input style="width: 85%;" type="text"/>
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Will any 'water-using ' fixtures be available to the public ?	<input type="checkbox"/> NO
	<input type="checkbox"/> YES - If yes, list what fixtures and how many
List fixtures available to public (number of sinks, lavatories, showers, etc.)	<input style="width: 95%;" type="text"/>

Lot / property / size dimensions (survey is helpful if not known) and if the property 'is to be' or 'has been' split - if applicable, indicate size and date of split.	<input style="width: 60%;" type="text"/>
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