

**BENZIE - LEELANAU DISTRICT HEALTH DEPARTMENT**

7401 E. Duck Lake Rd. , Suite 100  
 Lake Leelanau, MI 49653

Phone: (231) 256-0201 Fax: (231) 256-0225  
 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"/>		<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"/>		<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
		Fax #	<input type="text"/>

Send to	<input type="text"/>	*Name	<input type="text"/>	e-mail	<input type="text"/>
Address	<input type="text"/>			Phone #	<input type="text"/>
	<input type="text"/>				<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

<b>FOR HEALTH DEPARTMENT USE ONLY</b>		Date Fee Paid: _____
Site Evaluation Fee: \$317	_____ Parcels@ \$317/parcel = \$ _____	_Cash _Check# _____
Subdivision / Site Condo Fee Up to 20 Lots = \$1292		Paid By: _____
_____ over 20 lots: \$1292 + (\$53 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#:  Property Address:

Type of building: (office, food service, etc)

If existing, current use of building.

Proposed or future use of building:

Estimated number of employees per day:  Number of shifts per day:  Estimated number of public/ patrons per day:

Private Water Well  
 Municipal Water

Estimated number of hours per day of operation:  Estimated number of days per week of operation:

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

List all Fixtures:  
(number of sinks, lavatories, showers, etc.)

Will any 'water-using' fixtures be available to the public ?

NO

YES - If yes, list what fixtures and how many

List fixtures available to public  
(number of sinks, lavatories, showers, etc.)

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.