

REPLACEMENT SEPTIC SYSTEM PERMIT APPLICATION  
ALLEGAN COUNTY HEALTH DEPARTMENT  
3255 122<sup>ND</sup> AVE SUITE 200  
ALLEGAN MI 49010  
PHONE 269-673-5415 FAX 269 673-4172

**APPLICANT/OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

**LOCATION OF PROPERTY**

Address: \_\_\_\_\_

Township/Section: \_\_\_\_\_

Parcel #: \_\_\_\_\_

**SEWAGE PERMIT INFORMATION (\$200.00 FEE)**

New or Replacement: _____	Garbage Disposal	(circle one) YES NO
Square footage of home: _____	Basement Plumbing	YES NO
Square footage of basement: _____	Garden/Jacuzzi Tub	YES NO
Number of bedrooms: _____	Basement sewage pump	YES NO
Is municipal water or sewer available? _____	Water softener recharge	YES NO

**PLEASE SUBMI A DRAWING INCLUDING THE LOCATION OF EXISTING SEWAGE SYSTEM, PROPOSED REPLACEMENT SYSTEM AND EXISTING WATER WELL WITH DISTANCES FROM HOME.**

**APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_**

*APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE FEE*

