APPLICATION FOR PROPERTY TRANSFER EVALUATION

MCHD Control Number _________________

Applicant

Name ___________________________________________

Address ____________________________________________________________________________

City/Township _________________________________ Telephone: (    ) ___________

Subject Property  (Application will NOT BE ACCEPTED without the property/parcel ID No.)

Property ID No. ______________________________________________________________________

Address ____________________________________________________________________________

City/Township ________________________________________________________________

Property Is:

☐ Occupied  or  ☐ Vacant

☐ Residential  or  ☐ Commercial

Served By:

☐ On-Site Sewage Disposal System  or  ☐ Municipal Sewer

☐ On-Site Water Supply System  or  ☐ Municipal Water

Anticipated Closing Date: ______________________

2020 Fees:

☐ On-Site Sewage Disposal System $ 310.00*  Make check payable to:

☐ On-Site Water Supply System $ 223.00  Macomb County Health Department

TOTAL $ __________

*This fee does not include the required tank pumping.  A septic tank pumping service
must be hired separately.

Applicant Signature ________________________________ Date _________________

Printed Name of Applicant ________________________________

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12/19