



Health
Department

Environmental Health Services Division
43525 Elizabeth Road
Mount Clemens, Michigan 48043-1078
Phone: 586-469-5236 Fax: 586-469-6534
www.macombgov.org/health

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*
- On-Site Water Supply System \$ 223.00

Make check payable to:

Macomb County Health Department
43525 Elizabeth Road
Mount Clemens, MI 48043-1078

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 _____