



**MACOMB COUNTY HEALTH DEPARTMENT**  
**Environmental Health Services Division**  
**43525 Elizabeth Road**  
**Mount Clemens, Michigan 48043-1078**  
**Phone: (586) 469-5236 Fax: (586) 469-6534**



**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: \_\_\_\_\_

2009 Fees:

- On-Site Sewage Disposal System    \$ 245.00\*  
 On-Site Water Supply System        \$ 178.00

**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