



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

2012 Fees:

- On-Site Sewage Disposal System      \$ 252.00\*  
 On-Site Water Supply System      \$ 183.00

**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