



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



**APPLICATION FOR EXEMPTION FROM PROPERTY TRANSFER REGULATION**

Owner \_\_\_\_\_ Applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone (     ) \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

**Subject Property**

Address \_\_\_\_\_  
 City/Township \_\_\_\_\_ Property Is:  Occupied  Vacant

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

Property ID No. \_\_\_\_\_ Property Use:  Residential  Commercial

**Reason That Property is Exempt From Transfer Evaluation (*check all that apply*)**

- The property will be connected to municipal sewer/water within six months of the transfer.
- The dwelling/building is within the first 3 years of occupancy or the on-site sewage disposal system and/or on-site water supply system is a permitted and approved system within the first 3 years of installation.
- A previous transfer evaluation was completed and filed with the Macomb County Health Department within the past 12 months.
- The premises will be demolished and not occupied after the transfer.
- The value of the transfer is less than \$100.00.
- The transfer is due to a Judgement or Order of the court of record making or ordering transfers. *(This does not apply where a specific monetary consideration is specified or ordered by the court.)*
- The transfer is from a husband and/or wife, and will create or disjoin a tenancy by the entireties in the grantor or the grantor and his or her spouse.
- The transfer will create a joint tenancy between two or more persons where at least one of the persons already owned the property.
- Other: \_\_\_\_\_

**\*\*APPROPRIATE SUPPORTING WRITTEN DOCUMENTATION MUST BE RETURNED WITH THIS FORM TO THE MACOMB COUNTY HEALTH DEPARTMENT\*\***

\_\_\_\_\_  
 Owner/Authorized Agent Signature

\_\_\_\_\_  
 Date