

**WESTERN U.P. HEALTH DEPARTMENT  
EVALUATION REQUEST FORM  
ON-SITE SEWAGE AND/OR WATER SUPPLY SYSTEM(S)**

**Gogebic Office**  
W.U.P.H.D.  
210 N. Moore  
Bessemer, MI 49911  
(906)667-0200

**Baraga, Houghton, & Keweenaw  
Office**  
W.U.P.H.D.  
540 Depot Street  
Hancock, MI 49930  
(906)482-7382

**Ontonagon Office**  
W.U.P.H.D.  
408 Copper Street  
Ontonagon, MI 49953  
(906)884-4485

**Application for Subdivision or Site Condominium Plat Review**

<p><b>Applicant Information:</b> Applicant Name: _____ Mailing Address: _____ _____ _____ Telephone Numbers: Work _____ Home _____</p> <p><b>Property Owner Information (if different from above):</b> Property Owner Name: _____ Mailing Address: _____ _____ _____ Telephone Numbers: Work: _____ Home: _____</p>	<p><b>Property Information:</b> County Name: _____ Township Name: _____ Section #: _____ Township #: _____ Range #: _____ Property Tax ID #: _____ Fire # or Street Address: _____ Size of Property: _____ Acres Number of Proposed Lots: _____ Water Supply:   On-site _____                                   Municipal _____ Sewage Disposal: On-site _____                                   Municipal _____</p>
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Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Include the following with this application:**

- 1) Three copies of the preliminary plat
- 2) Information regarding the suitability of the subdivision for on-site sewage disposal
- 3) Information regarding the suitability of the subdivision for on-site water supply systems
- 4) For developments proposing municipal water and/or sewage systems, written confirmation from the municipality indicating approval
- 5) WUPHD plan review fee. \$475.00 plus \$50.00 per lot (\$20/lot for only on-site sewage or only on-site water supply)

<b>HEALTH DEPARTMENT USE ONLY</b>	Case No: _____
<input type="checkbox"/> Amount Paid: \$ _____ Receipt #: _____ Date: _____ Received By: _____	

Return evaluation request form and associated fee(s) to the appropriate Health Department Office listed above.  
Make checks payable to W.U.P.H.D.