Non-residential Sewage Treatment System Connection Request

Please complete this form to request connection to an existing sewage treatment system.

Property Information:

Parcel / Tax ID #: _____ Lot Size/Dimension: _____

Street Address: _____ Subdivision & Lot #: _____

City, State & Zip: _____ City/Village/Township: _____

Contact Information:

Name: _____ Contact Phone #: _____

Describe the reason of your request and any other information that may be pertinent:

_____

_____

_____

Type of Business	**Building Size (ft^2)**	**Hours of Operation**	**# of Employees**

List waste fixture type and number of each (ex: 3 toilets, 5 sinks, 1 urinal, etc.):

_____ _____ _____

_____ _____ _____

Is Facility a food service or drinking establishment?_____If yes, continue below.

☐ No Food-Beverages Only ☐ Full Service Restaurant ☐ Limited Service Restaurant

Number of Seats: _____ Seat turnovers/day: _____ Open for: Breakfast☐Lunch☐ Dinner☐

Please attach any information relevant to the waste generated and the design of the sewage treatment system. Attach any drawings that may be pertinent to your property and your request. You may be contacted for information specific to the type of facility described above.

Applicant Signature:_____ Date:_____

NOTE: The response to this request consists of an office review of the noted property. It does not consist of a condition evaluation of the sewage treatment system. A formal letter of response will be sent to you by this office regarding your request.

HCS – Environmental Health Unit
311 East Alcott Street
Kalamazoo, MI 49001

KALAMAZOO COUNTY GOVERNMENT
Health & Community Services Department

Phone: (269) 373-5337
Fax: (269) 373-5333
Web: www.kalcounty.com/eh

Credit Card Payment Request

Please fully complete and SIGN this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

_____
First Middle Last

Billing Address:

_____
Street Address City & State Zip Code

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

_____ This shaded area is for office use only._____

____ Phone ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount $_____

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

V-Code: ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

Expiration Date (Month & Year): ___ ___/___ ___ **MC** ☐ **Visa** ☐

Discover ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh