

Request for Point of Sale Inspection

(This section must be filled out)

Owner Name/Property Address:

Township: _____ Section: _____ Tax I.D. 33- _____

Name (If other than owner): _____
(i.e. Realtor, Seller)

Mailing Address (If other than above):

Phone #: _____ Fax #: _____

Systems Inspected:

Onsite Water Supply (Reason not inspected _____)
 Onsite Sewage Treatment (Reason not inspected _____)

Year Built: _____ Current Number of Residents: _____

or

Number of Bedrooms: _____ Length Time of Vacancy: _____ months

Note: If home has been vacant for more than six (6) months, a follow-up inspection after three (3) months occupancy and not later than six (6) months occupancy is required.

ICHD FEES:

ICHD application fee for processing POS Applications (All)	\$ 175.00
ICHD application fee for Well Inspection only	\$ 145.00
ICHD application fee for Septic Inspection only	\$ 200.00
ICHD application fee for Well and Septic Inspection	\$ 350.00

Amount Paid: \$ _____ Check # _____ VISA/ MC _____ Cash _____

Date Paid: _____ Receipt # _____ Clerk Initials: _____

Assigned to: _____

5303 S. Cedar Street-PO Box 30161-Lansing, Michigan 48909-ww.ingham.org/hd/health/htm
Phone 517-887-4312 FAX 517-887-4560