



St. Joseph County Health Department

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Property Transfer Application

Accurate and Complete Address of Property Transferred:

Street Address: _____ City: _____ State: Indiana
 Zip Code: _____ Township: _____

Type of Property Being Transferred-Check the one that applies:

Residential _____
 Commercial _____

Inspection/Testing Information Provided with this Application-Check those that apply:

Wastewater Disposal System
 Septic Inspection Report:* _____ City Sewer Bill: _____ Letter from City Utility Office: _____

Water Supply System
 Water laboratory report: _____ City Water Bill: _____ Letter from City Utility Office: _____

Property Transfer Closing Date:

Date transfer closed: _____ OR Property transfer has not yet closed: _____

Payment Enclosed (\$50)-Check the one that applies:

Business check: _____ Cash: _____ Cashier's Check: _____

Preaddressed and Stamped Envelope Enclosed: Yes _____ No** _____

St. Joseph County Health Department
 9th Floor, County City Building
 227 W. Jefferson Blvd
 South Bend, IN 46601

Preparer: (574)235-9721 Fax: (574)235-9497

 Signature of Preparer Company Represented Date

* Septic inspections must be documented on the Health Department form. The inspections and tests results for all residential and commercial property transfers must be submitted to the buyer at least three (3) days prior to closing and to the Health Department along with this application within five (5) days after closing. Penalties for failing to comply with this Ordinance may be up to \$1500 per violation per day. Please contact the Health Department at 574-235-9721 with any questions or unusual situations. Once complete information is received, the Health Department will issue a Statement of Compliance within a few working days if a preaddressed and stamped envelope is provided.

** If "no" is checked, a copy of the Statement of Compliance will not be sent to the applicant but a copy will be kept by the Health Department for future reference.

FOR OFFICE USE ONLY!	
Transaction #: _____	Certification #: _____
Date Paid: _____	Department Employee: _____