



**Marquette County Health Department**  
**Environmental Health Division**  
 184 US 41 East, Negaunee, MI 49855  
 (906) 475-4195 FAX: (906) 475-6500

**APPLICATION FOR APPROVAL OF NEW CEMETERY**

Name of Cemetery	Total Acreage & No. of Lots	Township/Section
Name of Owner (Religious, Municipality, etc;)	Name of Applicant	
Address of Cemetery	Address of Applicant	
Mailing Address of Owner	Telephone Number of Applicant	
Telephone Number of Owner	Applicant's Affiliation with the Owner	

**Description of Proposed Cemetery:** (Please indicate as to whether cemetery is family-owned, privately-owned, or publicly-owned. Also, indicate as to whether municipal or onsite water and/or sewage supplies are available.)

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The following must be included with this application for approval of a new cemetery:

1. Two copies of a plat showing proposed location of the cemetery and numbered lots, property/legal description, topography, soil information, and signature and seal of a registered land surveyor. In addition to the plat, an accurately dimensioned site plan showing the site, existing and proposed structures, locations of roads, steep slopes, surface water, wetlands, wells and septic systems, including those on neighboring properties within 100 feet of any boundary point of the cemetery, shall be required. *Note: Plat must be recorded with the Register of Deeds upon approval.*
2. A copy of township approval showing land use.
3. The name and address of the individual responsible for record keeping.

The undersigned, being duly authorized, certifies the statements, depictions, and dimensions herein contained and attached are true and correct and further acknowledges that he/she is the property owner or is acting as an authorized representative on behalf of the property owner. Any deviation from submitted project plans or description will void Health Department approval. *Submittal of incomplete or inaccurate information may result in non-approval without further review.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Initial Site Visit: Yes No	Date of Visit: _____
Soil Evaluation: Yes No	Amount \$ _____ Receipt # _____
Cemetery Plat Review Fee:	Amount \$ _____ Receipt # _____

**CEMETERY PLAT REVIEW:**

**APPROVED      NOT APPROVED**

**Well Description** (size, location): \_\_\_\_\_  
**Onsite Sewage Disposal - General Conditions:** \_\_\_\_\_  
**General Comments:** \_\_\_\_\_

**Sanitarian:** \_\_\_\_\_ **Date:** \_\_\_\_\_