



St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

Property Transfer Application

Please fill in all fields completely and correctly. Failure to do so is a violation of County Code 52 (CC52). Compliance with the property transfer requirements of CC52 is necessary to protect public health.

Accurate and Complete Address of Property Transferred:

Street Address: _____ City: _____ Zip Code: _____

Buyer's Contact Information: Required

Name (Printed): _____

Mailing Address (if different): _____

Phone Number: _____

Email: _____

Type of Property Being Transferred: Residential Commercial

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

Wastewater Disposal System

Septic Inspection Report: * Letter from City Utility Office or Bill:

Water Supply System

Water laboratory report: Letter from City Utility Office or Bill:

Property Transfer Closing Date:

Date transfer closed: _____

Payment Enclosed (\$75) - Check the one that applies:

Business check: Cash: Cashier's Check:

Pre-addressed and Stamped Envelope Enclosed: Yes No**

St. Joseph County Department of Health
9th Floor, County-City Building
227 W. Jefferson Blvd
South Bend, IN 46601
(574)235-9722 Fax: (574)235-9497

** 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 Department of Health for future references. **

Signature of Preparer _____

Company Represented _____

Date _____

*Septic inspections must be documented on the Department of Health (DOH) form. The inspections and test 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 DOH along with this application within five (5) days after closing. Penalties for failing to comply with this Ordinance may be up to \$1,500 per violation per day. Please contact the DOH at 574-235-9722 with any questions or unusual situations. Once completed information is received, the DOH will issue a Statement of Compliance within a few working days if a pre-addressed and stamped envelope is provided.

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