



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

St. Joseph County Department of Health

"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: _____

Buyer's Contact Information:

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:* _____ 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 (\$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

Preparer: (574)235-9722 Fax: (574)235-9497

Signature of Preparer

Company Represented

Date

* Septic inspections must be documented on the Department of Health 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 Department of Health 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 Department of Health at 574-235-9722 with any questions or unusual situations. Once complete information is received, the Department of Health 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 Department of Health for future reference.

FOR OFFICE USE ONLY!

Transaction #: _____

Certification #: _____

Date Paid: _____

Department Employee: _____