



# 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 (\$35)-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  
 574-235-9721 Fax: 574-235-9497**

**Preparer:**

\_\_\_\_\_  
 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.

<b>FOR OFFICE USE ONLY!</b>	
Transaction #: _____	Certification #: _____
Date Paid: _____	Department Employee: _____