



LIVINGSTON COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2300 E. Grand River, Suite 102 \* Howell, Michigan 48843-7578

(517) 546-9858 \* (517) 546-9853

www.lchd.org

Application for EH Review of Property Additions and Modifications

Residential [ ]

Commercial [ ]

Review Permit # \_\_\_\_\_

Table with 3 columns: Address, City/Village, Zip; Township, Tax Code#, Section

Table with 2 columns: Name, Phone; Address, E-Mail

Table with 2 columns: Name, Phone; Address, E-Mail

Please answer the following questions that apply to your project: Sanitary service, If septic, Water supply, etc.

PROJECT DESCRIPTION: (include as applicable: type of living space, type of structure, increase in living space, alteration to structure, roof changes, etc.)

All proposals must include a complete and accurate site plan (with dimensions), and include all existing and proposed structures, location of roads, easements, steep slopes, surface water, wetlands, well and septic systems.

The undersigned, property owner or representative, certifies the accuracy of the completed application and attached documents. The undersigned acknowledges any deviation from the submitted application will void LCHD approval.

Applicant's Signature Printed Name Date

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Receipt # Amount \$ Check/Appv # Payer