

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 #
LOCATION OF PROPERTY Please Print or Type		
4.11	C'. AV'II	7.
Address	City/Village	Zip
Township	Tax Code#	Section
A. OWNER		
Name		Phone
Address		
City/State/Zip	E-Mail	
CONTRACTOR (if applicable)		
Name Phone		
Address		T Hone
City/State/Zip	E-Mail	
Please answer the following questions to Sanitary service: municipal (city s		santia system [
Sanitary service: municipal (city sewer) □ private septic system □ If septic: distance from project to septic ft. Accessible for maintenance after project? yes □ no □		
Water supply: municipal (city water) \square private well \square If well: casing (pipe) diameter: 4" \square 5" \square Other \square		
If private well: distance from project to		
	Rebuilding after demolition:	
Constructing an accessory structure?	Reduilding after demonsion.	yes 🗀 — no 🗀
(garage, nole barn, nool, deck, et	c.) ves □ no □ Plumbi	ng installed? yes □ no □
(garage, pole barn, pool, deck, et Increasing living space in home? yes □	no \square If yes: original ft^2	proposed ft ²
Adding additional bedrooms? yes □	no □ If yes: original bedrooms	proposed bedrooms
Municipal hook-up only: Sewer yes □ no □ Water yes no Converting to irrigation yes □ no		
PROJECT DESCRIPTION: (include a		
space, alteration to structure, roof char	nges, etc.) Let us know, in as much de	etail as possible, your proposal
All proposals must include a complete and accurate		
easements, steep slopes, surface water, wetlands, we elevations if an increase in livings space or a compl		or existing and proposed floor plans and
The undersigned, property owner or representative, acknowledges any deviation from the submitted app		on and attached documents. The undersigned
Applicant's Signature	Printed Name	Date
*************	****** For Office Use Only ******	************
Receipt # Amount \$	Check/Appv #	Paver