

RECEIPT NO: _____ DATE: _____ APPEAL NO: _____



LIVINGSTON COUNTY HEALTH DEPARTMENT
2033 E Grand River, Suite 102, Howell, Michigan 48843-7578
(517) 546-9858 * (517) 546-9853

www.lchd.org

**APPLICATION FOR APPEALING PROVISIONS
OF THE LIVINGSTON COUNTY SANITARY CODE**

APPLICANT: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (State) (Zip) (Phone)

OWNERS NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (State) (Zip) (Phone)

PROPERTY IN QUESTION: _____
(Tax ID #) (Subdivision Lot or amount of Acreage)

(Street) (Township)

NATURE OF APPEAL AND WHAT YOU PROPOSE: _____

I HAVE ENCLOSED THE FOLLOWING DATA TO SUPPORT MY APPEAL:

- _____ Scaled Plot Plan of Subject Property and Affected Neighboring Property
- _____ Soil Evaluation Reports
- _____ Water Sample Results
- _____ Other
- _____ Well Records
- _____ Engineered Plans
- _____ List of Neighbors within 100 ft.
With **complete** addresses

SIGNATURE: _____
(Applicant) (Date)



LIVINGSTON COUNTY HEALTH DEPARTMENT

ADMINISTRATIVE HEARING BEFORE THE HEALTH OFFICER **INFORMATION AND INSTRUCTIONS**

1. The appeals application form must be accompanied by supportive data such as a written report or existing records (Ex: soil borings, well record). A scaled plot plan must be submitted showing measured locations of relevant items pertaining to subject appeal.
2. The appellant must submit to the Livingston County Health Department the names and complete addresses of property owners who are within one-hundred (100) feet of the subject property, including vacant property. A notice will be sent by this Department notifying these persons of the Administrative Appeal hearing.
3. A fee of \$100.00 must also accompany the application. Said fee is to be payable to the Livingston County Health Department.
4. After the Health Officer has reviewed your application for necessary information, you will receive notification of the time and place of the hearing.
5. No hearing will be scheduled within less than five (5) days nor more than forty-five (45) days after receipt of written application, fee, and a list of names and complete addresses of property owners within one-hundred (100) feet of subject property.
6. The Health Officer, (as the Hearing Officer), the inspecting sanitarian, and any other person(s) deemed necessary the Department to be present at the Administrative Appeals Hearing.
7. In addition to supportive data, you may also have in attendance engineers, contractors, or legal representatives to lend support to your case.
8. At the discretion of the Health Officer, a decision may or may not be rendered at the time of the hearing. In either case, a written notification will be forwarded to you of the decision by the Health Officer within ten (10) days following the hearing of any administrative appeal.
9. The decision of the Health Officer shall be final unless within sixty (60) days of the decision a request in writing along with the appropriate fee is submitted to the Department requesting an appeal before the Board of Appeals.
10. Your request for a hearing before the Board of Appeals shall be reviewed and the opportunity for a hearing shall be granted at the discretion of the Board of Appeals.

NOTICE

Failure to appear at the Scheduled time and Date of the Appeals Meeting May Result in Denial of Your Appeal by Default. Twenty-four (24) Hour Cancellation Notice is Required.



LIVINGSTON COUNTY HEALTH DEPARTMENT

ADMINISTRATIVE HEARING BEFORE THE BOARD OF APPEALS **INFORMATION AND INSTRUCTIONS**

1. The appeals application form must be accompanied by supportive data such as a written report or existing records (Ex: soil borings, well record). A scaled plot plan must be submitted showing measured locations of relevant items pertaining to subject appeal.
2. The appellant must submit to the Livingston County Health Department the names and complete addresses of property owners who are within one-hundred (100) feet of the subject property, including vacant property. A notice will be sent by this Department notifying these persons of the Board of Appeals meeting.
3. A fee of \$275.00 must also accompany the application. Said fee is to be payable to the Livingston County Health Department.
4. After the Health Officer has reviewed your application for necessary information, you will receive notification of the time and place of the hearing.
5. No hearing will be scheduled within less than fifteen (15) days nor more than forty-five (45) days after receipt of written application, fee, and a list of names and complete addresses of property owners within one-hundred (100) feet of subject property.
6. The Health Officer and/or his representative(s), will be present at the Board of Appeals Hearing.
7. In addition to supportive data, you may also have in attendance engineers, contractors, or legal representatives to lend support to your case.
8. At the discretion of the Board of Appeals, a decision may or may not be rendered at the time of the hearing. In either case, a written notification will be forwarded to you of the decision by the Board of Appeals within thirty (30) days following the hearing of any appeal.
9. The decision of the Board of Appeals shall be final concerning the matter and all administrative remedies shall have been considered exhausted.

NOTICE

Failure to Appear at the Scheduled time and Date of the Appeals Meeting May Result in Denial of Your Appeal by Default. Twenty-four (24) Hour Cancellation Notice is Required.