



**Kent County Health Department
Environmental Health Division**

700 Fuller Ave NE
Grand Rapids, MI 49503
Phone: (616) 632-6900 Fax: (616) 632-6892
Email: kcehmail@kentcountymi.gov
Website: www.accesskent.com

REQUEST FOR ENVIRONMENTAL HEALTH ADDITION/CHANGE OF USE REVIEW

This form is to be used for Environmental Health review of proposed construction/change of use projects. A completed application, accurate site/plot plan, and Property Tax ID Number are required for this review to occur. **If a site visit is required, the property owner is responsible to locate and uncover two diagonal corners of the drainfield if there is a permit on file, or all four corners of the drainfield if there is no permit on file.**

Address of Property: _____ **City:** _____ **Zip:** _____

Permanent Parcel #: 41 - _____ - _____ - _____ - _____ **Township:** _____
 Occupied **Unoccupied** **Last Date of Occupancy:** _____

Please check all that apply:

- Pole barn, deck, garage – involves no plumbing
- Pole barn, deck, garage – involves adding/changing plumbing
- Addition of living space with no increase in # of bedrooms
- Addition of living space with increase in # of bedrooms
- Home demolition/rebuild/reconstruction (over 50% of home being rebuilt)
- Commercial Addition
- Commercial proposed change of use
- Other: _____

Sewage Disposal:

- Municipal
- On-Site (Septic)

Water Supply:

- Municipal
- Well serving less than 25 people
- Well serving more than 25 people (Type II)

* Must provide fixture list

RESIDENTIAL PROJECT

	Before	After
# of Bedrooms		
# of Bathrooms		
Living Area (Sq. Ft.)		

COMMERCIAL PROJECT

	Before	After
# of Persons per Day		
# of Seats for Church/Restaurant		
Building Space (Sq. Ft.)		

Applicant: _____

Pick One:

Address: _____

- Email Results to Email Address provided

City: _____ **State:** _____ **Zip:** _____

- Call my phone # to pick up results

Phone: _____

- Other: _____

Fax: _____

cdd@walker.city

Email: _____

By Signing below, I hereby certify that the information provided is complete and accurate. I further acknowledge that I am the property owner or am acting as an authorized representative on behalf of the property owner. Applicant or Owner is responsible for contacting MISS DIG prior to service. Failure to show up for an appointment may result in a \$75 charge. Application fees are non-refundable upon initiation of any field activities. A \$50 processing fee applies to all applications cancelled prior to field work.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Approved

Approved with Conditions – See Comments Below

Disapproved

Comments: _____

Completed by: _____

Date: _____

(Sanitarian's Signature)

Type II Transient - \$250 Office Review Only - \$20

Receipt #: _____

Date: _____

Type II Non-Transient - \$300 Site Visit Required - \$120

Permit Required (Additional fee(s) - See Permit Application): _____



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Proposed Site Development Plan

Scale: _____ = _____

Prepared By: _____

Date: _____

PROJECT (Bold items are required)

Address/Road

Location (Township/Section)

Permanent Parcel Number

Parcel/Lot Number, where applicable

Owner's Name

Daytime Telephone Number