



**Kent County Health Department
Environmental Health Division**

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Grand Rapids, MI 49503
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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 #: 4 1 - _____ - _____ - _____ - _____ Township: _____

☐ Occupied ☐ Unoccupied Last Date of Occupancy: _____

Please check all that apply:

- ☐ Demolition of existing structures(s)
- ☐ 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

Project Description: _____

Sewage Disposal:

- ☐ Municipal
- ☐ On-Site (Septic)

Water Supply:

- ☐ Municipal
- ☐ Well serving less than 25 people
- * Wells serving more than 25 people (Type II) require a separate permit

☐ **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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Pick One:

- ☐ Email Results to Email Address provided
- ☐ Call my phone # to pick up results
- ☐ Other: _____

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. **All services require marking by MISS Dig for underground utilities prior to site visit.** Persons performing groundbreaking activities on site are required to submit a ticket to MISS Dig for the marking of the property. Please allow MISS Dig personnel access to your property to mark utilities. Unmarked properties will result in delay or postponement of service. Failure to show up for an appointment may result in a \$75 charge. Application fees are non-refundable after 90 days from the date of application or after initiation of any field activities/services. 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
- ☐ Type II Non-Transient - \$300
- ☐ Site Visit Required - \$120
- ☐ Permit Required (Additional fee(s) - See Permit Application): _____

Receipt #: _____ Date: _____



Daytime Telephone Number