



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.

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 (less than 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

Table with 3 columns: RESIDENTIAL PROJECT, Before, After. Rows: # of Bedrooms, # of Bathrooms, Living Area (Sq. Ft.)

Table with 3 columns: COMMERCIAL PROJECT, Before, After. Rows: # 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.

Applicant's Signature: Date:

FOR OFFICE USE ONLY Approved Approved with Conditions - See Comments Below Disapproved

Comments:

Completed by: (Sanitarian's Signature) Date:

- 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

A grid of dots is provided for drawing the proposed site development plan. Each dot represents a grid intersection. The grid is approximately 15 units wide by 18 units high.

Scale: \_\_\_\_\_ = \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

**PROJECT (Bold items are required)**

\_\_\_\_\_  
**Address/Road**

\_\_\_\_\_  
**Permanent Parcel Number**

\_\_\_\_\_  
**Owner's Name**

\_\_\_\_\_  
**Location (Township/Section)**

\_\_\_\_\_  
**Unit/Lot Number, where applicable**

\_\_\_\_\_  
**Daytime Telephone Number**