



Washtenaw County Department of Public Health  
 Environmental Health Division  
 705 N. Zeeb Road, P.O. Box 8645  
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 www.eWashtenaw.org

## 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.

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

Commercial

Residential

Property Tax ID #: \_\_\_\_\_ Township: \_\_\_\_\_

Address of Property: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

BUILDING DEPT.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

COMMERCIAL PROJECT	Before	After
# Bathrooms		
# Employees		
Building Square Feet		

Sewage Disposal:

- Municipal
- On-site

Water Supply:

- Municipal
- Well serving less than 25 people
- Well serving more than 25 people

**Project Description:** Attach site/plot plan (show septic and well); include floor plan (if applicable). For commercial projects, attach narrative of the proposed construction/change of use.

\_\_\_\_\_  
 \_\_\_\_\_

APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

OWNER (if not Applicant): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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's Signature: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

- Approved
- Approved with Conditions – See Comments Below
- Disapproved

Comments: \_\_\_\_\_

- Office Review Only - Date of Review: \_\_\_\_\_
- Site Visit Required - Date(s) Performed: \_\_\_\_\_
- Fee Required: \$ \_\_\_\_\_

Completed By: \_\_\_\_\_

(Sanitarian's Signature)

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