

**SHIAWASSEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Surbeck Building 201 N. Shiawassee Street
CORUNNA, MICHIGAN 48817
PHONE: (989) 743-2390 FAX: (989) 743-2413
Web Address: <http://health.shiawassee.net>

LARRY JOHNSON, R.S., M.S.
Director/Health Officer
DENNIS CHERNIN, M.D., M.P.H.
Medical Director

LARRY JOHNSON, R.S., M.S.
Director of Environmental Health
<http://health.shiawassee.net/ehdirect.html>

-INSPECTION REQUEST-

Zoning & Building Request []
Change of Use Request []

Receipt No. _____
Amt. Paid _____
Date Paid _____

Property Address: _____ Township: _____ Sec. No. _____

Applicant Name: _____

Applicant Address: _____

Phone Number: (____) _____

	City	State	Zip Code
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In order to determine whether an inspection is needed please answer the following questions:

Is this a remodeling, alteration, addition, or replacement? _____

If an addition, does it include a bedroom (room with a closet)? Yes or No Number? _____

Has the home been damaged, burned more than 50% (determined by insurance appraiser)? Yes or No

Is this a one for one replacement (1 bedroom home for 1 bedroom home)? Yes or No

Do you have any records for well or septic system? Yes or No How old? _____

City Water? Yes or No City Sewer? Yes or No

***If there are no records, the septic system must be exposed at the four (4) corners and the septic tank must be pumped. This is to be completed by the applicant or a designee of the home owner.*

Have you experienced any septic problems? Yes or No Last time pumped? _____ Records? Yes or No

Do you intend to use existing well and septic system? Yes or No Temporary occupancy? Yes or No

-----FOR HEALTH DEPT USE ONLY-----

Records, walk over only:	Acceptable?
No records?	Acceptable?
Need to pump tank?	

A review of the above named premise has been completed and a building permit can be issued.

Sanitarian _____ Date _____