

Zoning/Building Request []
Point Of Sale Update []

ENVIRONMENTAL HEALTH DIVISION
SHIAWASSEE COUNTY HEALTH DEPARTMENT
201 N. Shiawassee Street, Corunna, MI. 48817
Phone: (989) 743-2390 Fax: (989) 743-2413

Receipt No. _____
Amt. Paid _____
Date Paid _____

--INSPECTION REQUEST--

Address: _____ Township: _____ Sec. No. _____

Name: _____

Address: _____
Address City State Zip Code

Phone Number: () _____

City Water? Sewer?

In order to determine whether an inspection is needed please answer the following questions:

Is this a remodeling, alteration, addition, or replacement or Point Of Sale Report Extension? (Circle)

If an addition, does it include a bedroom (room with a closet)? Number?

Has the home been damaged, burned more than 50% (determined by insurance appraiser)?

Is this a one for one replacement (1 bedroom home for 1 bedroom home)?

Do you have any records for well or septic system? How old?

If no records, septic system must be exposed at 4 corners and pump septic tank.

Have you experienced any septic problems? Last time pumped? Records?

Temporary occupancy? Do you intend to use existing well and septic system?

FOR HEALTH DEPT USE ONLY

Records, walk over only: Acceptable? Need to pump tank?

No records? Acceptable?

Comments:

FOR BUILDING/ZONING

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

Sanitarian _____ Date _____