



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. 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 #: 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 (over 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: Return to City of Walker
cdd@walker.city

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 or Owner is responsible for contacting MISS DIG prior to service. Failure to show up for an appointment may result in a \$75 charge. Application fees are non-refundable upon initiation of any field activities. 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: (Sanitarian's Signature) Date:

- 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:



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**Proposed Site Development Plan**

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

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

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

**PROJECT (Bold items are required)**

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

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

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

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

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

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