



Health Department

Environmental Health Services Division
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www.macombgov.org/health

INSPECTION REQUEST
OCCUPANCY CHANGE/BUILDING ALTERATION

Site Address: _____ City/Township: _____

Applicant Name: _____ Phone No.: _____

Mailing Address: _____

Property Owner Name: _____ Phone No.: _____

Reason for Inspection: _____

Has construction permit been applied for? Yes [] No [] Issue Date: _____

Has demolition permit been applied for? Yes [] No [] Issue Date: _____

Is building occupied? Yes [] No [] If no, last date of occupancy: _____

Applicant Signature: _____ Date: _____

The applicant must provide a scaled/dimensioned site plan showing all existing structures, proposed structures, septic system location, well location and any other utility locations.

------(DO NOT WRITE BELOW THIS LINE - MCHD USE ONLY)-----

Sanitary sewer available? Yes [] No [] Water supply is: Onsite [] Municipal []

Existing records: Water [] Sewer [] Other [] None [] Age of system: _____
Refer to O & M for operational status

Will the planned construction encroach within 5 ft. of the existing system? Yes [] No []

Is the existing sewage disposal system and/or water supply adequate for the proposed construction/change of occupancy? Yes [] No []

PROPOSAL APPROVED YES [] NO []

Comments: _____

Environmentalist: _____ Date: _____