APPLICATION FOR APPEAL

Application must be filled out completely by the applicant or authorized representative. Applicant or authorized representative must be present at the meeting.

Applicants Name_____

Current Address_____

Telephone No._____ Township, Village or City _____

Location or Address of Property_____

Section Number_____ Plat_____ Lot Number _____

Type of Building: New_____ Existing _____

Single Family_____ Two Family_____ Bedrooms_____ Bath_____

Other (Specify)_____

Owner_____

Address_____

Telephone_____

Type of Water Supply: Municipal_____ Individual_____
Type of Sewage Treatment Municipal_____ Individual_____

Reason for Appeal:
_____

_____

State why your appeal should be granted along with supporting data:

_____

_____

_____

Upon Submission of this appeal application and fee, I allow the Kalamazoo County Board of Appeal members and the staff of the Kalamazoo County Environmental Health Division access to the subject property if warranted at their discretion to obtain information to assist in their decision of the appeal.

Date_____ Applicant_____

Environmental Health Division
3299 Gull Road • P.O. Box 42
Nazareth, Michigan 49074-0042

Kalamazoo County Health & Community Services

Phone: (269) 373-5337
Fax: (269) 373-5333
Web: www.kalcounty.com/eh

Date of Board of Appeals Action: _____

Board of Appeals Action: Approve_____ Deny _____ Table _____

_____

_____

_____

_____

Additional Requirements/Conditions Imposed by the Board:

_____

_____

_____

_____

_____

_____

_____
Vern Johnson, REHS
Environmental Health Director
Kalamazoo County Health and Community Services Department

_____
Jim Pearson
Citizens at Large

_____
George Kibler
Homebuilders Association

_____
Rodney Carroll
Registered Septic Tank Installer