

MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION

Mt. Clemens Health Center  
43525 Elizabeth Rd.  
Mt. Clemens, MI 48043  
586-469-5236

Southwest Health Center  
27690 Van Dyke  
Warren, MI 48093  
586-465-8030

APPLICATION FOR ENVIRONMENTAL HEALTH INSPECTION  
DEPARTMENT OF LABOR & ECONOMIC GROWTH LICENSED FACILITIES

Facility Name: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Type: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Phone # \_\_\_\_\_

Owner: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby request the following services at the above facility:

- |                          |  |                              |
|--------------------------|--|------------------------------|
| <input type="checkbox"/> | Environmental Health Inspection Report<br>Water Supply and Sewage Disposal/General<br>Sanitation and Safety (Part A and B) | <u>2012 Fee*</u><br>\$173.00 |
| <input type="checkbox"/> | Environmental Health Inspection Report<br>Water Supply and Sewage Disposal (Part A only)                                   | \$ 99.00                     |
| <input type="checkbox"/> | Re-inspection  | \$ 99.00                     |

Mail report to: Facility address \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Date

**\*Make checks payable to: Macomb County Health Department**

MACOMB COUNTY HEALTH DEPARTMENT USE ONLY			
Date Rec'd _____	Amount Rec'd _____	Receipt # _____	By _____