

## ENVIRONMENTAL HEALTH SERVICES Application for Inspection/Review

PERMANENT CAMPGROUND	
<input type="checkbox"/> 1 to 25 Sites .....	\$50
<input type="checkbox"/> 26 to 50 Sites .....	\$50
<input type="checkbox"/> 51 to 75 Sites .....	\$50
<input type="checkbox"/> 76 to 100 Sites .....	\$50
<input type="checkbox"/> 101 to 500 Sites .....	\$50
<input type="checkbox"/> 501 to 1000 Sites .....	\$50
<input type="checkbox"/> 1001 + Sites .....	\$50
WELL FEES	
<input type="checkbox"/> Type II Water Supply Plan Review .	\$200

POOL	
<input type="checkbox"/> Annual Inspection.....	\$66
<input type="checkbox"/> Multiple Follow-Up Inspection .....	\$16
WELL FEES	
<input type="checkbox"/> Permit Modification (after issuance) .....	\$90
<input type="checkbox"/> Reinspection Fee.....	\$25
FIXED MULTIPLE FOOD SERVICE	
<input type="checkbox"/> Inspection Fee (due at time of licensing) ..	\$88
ICE CREAM TRUCK	
<input type="checkbox"/> Ice Cream Truck Inspection Fee .....	\$22

SEPTIC FEES	
<input type="checkbox"/> Permit Modification Fee (changes to permit after issuance).....	\$90
<input type="checkbox"/> Septic System Engineered Plan Review (Includes 1 <sup>st</sup> review and 1 revision) .....	\$100
<input type="checkbox"/> Manufacturer Engineered & Alternative System Technology Review (One Time Fee) .....	\$360
<input type="checkbox"/> Residential Engineered & Alternative Systems Operation Annual Review Fee (Deed Restricted for Continuous Maintenance) .....	\$50

**All areas must be completed pertaining to your request.** Return completed form and fee to Oakland County Health Division (address listed below). Make check out to Oakland County Health Division. **PLEASE PRINT**

FACILITY -OR- BUSINESS -OR- PROJECT NAME (ICE CREAM TRUCK'S ONLY) CITY OF OPERATION

ATN# -OR- PERMIT # -OR- POOL ID # -OR- PARCEL I.D. -OR- WSSN #

ADDRESS CITY STATE ZIPCODE

OWNER'S NAME PHONE #

MAILING ADDRESS

**I hereby certify that the above and/or attached information is accurate and complete:**

PRINTED NAME OF APPLICANT \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

*The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.*