



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.....	\$250
<input type="checkbox"/> Permit Modification (after Issuance).....	\$90
<input type="checkbox"/> Reinspection Fee.....	\$25

POOL	
<input type="checkbox"/> Annual Inspection	\$86
<input type="checkbox"/> Multiple Follow-Up Inspection.....	\$32
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 st review & 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
<input type="checkbox"/> Reinspection Fee (beyond 1 st follow up).....	\$55

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 Trucks Only) City of Operation _____

ATN# _____ or Permit # _____ or Pool ID # _____ or Parcel ID _____ or WSSN # _____

Address _____ City _____ State _____ Zip Code _____

Owners Name _____ Phone Number _____

Mailing Address _____

I hereby certify that the above and/or attached information is accurate and complete:	
Printed Name of Applicant	Title
Signature	Date
Phone Number	

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.