

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION

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

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
Water Supply and Sewage Disposal/General
Sanitation and Safety (Part A and B) | <u>2024 Fee*</u>
\$248.00 |
| <input type="checkbox"/> | Environmental Health Inspection Report
Water Supply and Sewage Disposal (Part A only) | \$142.00 |
| <input type="checkbox"/> | Re-inspection | \$135.00 |

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 _____