



**LIVINGSTON COUNTY
DEPARTMENT OF PUBLIC HEALTH**

2300 East Grand River Avenue, Suite 102 Howell, Michigan 48843-7578

www.lchd.org

ADMINISTRATION
517-546-9850
Fax: 517-546-6995

PERSONAL HEALTH
517-546-9850
Fax: 517-546-6995

ENVIRONMENTAL HEALTH
517-546-9858
Fax: 517-546-9853

**APPLICATION TO REVIEW SUBDIVISION OR SITE CONDOMINIUM FOR
SINGLE FAMILY RESIDENTIAL OR COMMERCIAL-INDUSTRIAL**

Date Applied: _____

Sub Name: _____

Location and Directions: _____

of Lots: _____ Township: _____

Total acreage to be built on: _____ Total acreage of property: _____

Property Owner/Developer (name and address): _____

Phone _____

****Must be on site for all soil evaluations****

Engineer(name & address): _____

Phone #: _____ Fax: _____

Onsite Water Supply: If onsite water supply is to be utilized then who will be preparing the water supply report.

Name: _____

Onsite Sewage Disposal: _____

Community Water Supply to be provided by: _____

Community Sanitary Service to be provided by: _____

Applicants Signature

Date

* * * * *

Amount Paid: _____ Receipt #: _____

Date of Completion: _____ S:\PatM\FORMS\Review Sub 5-27-2010.doc