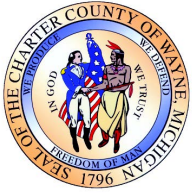


RECEIPT NO: _____

DATE: _____

APPEAL NO: _____



**WAYNE COUNTY DEPARTMENT OF HEALTH,
VETERANS & COMMUNITY WELLNESS**

33030 Van Born Rd, Wayne, Michigan 48184

(734) 727-7400 Fax: (734) 727-7165

**APPLICATION FOR APPEALING PROVISIONS OF
THE WAYNE COUNTY SANITARY CODE**

APPLICANT: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (State) (Zip) (Phone)

OWNERS NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street) (City) (State) (Zip) (Phone)

PROPERTY IN QUESTION: _____
(Tax ID #) (Subdivision Lot or amount of Acreage)

(Street) (Township)

NATURE OF APPEAL AND WHAT YOU PROPOSE: _____

I HAVE ENCLOSED THE FOLLOWING DATA TO SUPPORT MY APPEAL:

_____ Scaled Plot Plan of Subject Property and Affected Neighboring Property

_____ Soil Evaluation Reports

_____ Well Records

_____ Water Sample Results

_____ Engineered Plans

_____ Other

_____ List of Neighbors within 100 ft.
With **complete** addresses

SIGNATURE: _____
(Applicant)

(Date)