

SITE VERIFICATION FORM

Site Information

- Residential
 Non-Residential

Property Owner: _____ Parcel # _____ - _____ - _____ - _____
(00-00-000-000)

Address: _____ Phone: _____

Fax: _____ E-mail _____

Township: _____ Subdivision and Lot #: _____

Site Construction/Project/Proposal

Site Drawing

Requestor Signature: _____ Date: _____

Notes

Verification Date: _____ Site Construction/Project/Proposal: APPROVED REJECTED

Environmental Health Practitioner

Fee \$40.00