

## 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

Fees: External.....\$40.00  
Internal.....\$20.00