



**Environmental Health Division**  
220 Fort Street, Port Huron, MI 48060  
Office: (810) 987-5306 Fax: (810) 985-5533  
[environmentalhealth@stclaircounty.org](mailto:environmentalhealth@stclaircounty.org)  
Website: [www.scchealth.co/EH](http://www.scchealth.co/EH)

### APPLICATION OF APPEAL

NAME OF APPELLANT \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Address and Street) (City/State) (Zip)

ADDRESS/APPEAL PROPERTY \_\_\_\_\_ DATE OF DENIAL \_\_\_\_\_  
(Road) (Township)

REASON FOR DENIAL \_\_\_\_\_

EXPLAIN WHY YOU SEEK VARIANCE FROM THE ABOVE REQUIREMENTS OF THE ST. CLAIR COUNTY E.H. CODE:

---

---

---

DOES THE PERMIT DENIAL BY THE HEALTH DEPARTMENT RESULT IN A HARDSHIP TO YOU? ( ) YES ( ) NO

If yes, please provide a brief summary of how, and attach any supporting documentation, date or other information, which will support your claim of hardship: (Use additional paper if needed) \_\_\_\_\_

---

---

---

Are you the owner of record for this property? \_\_\_\_\_ If no, are you attempting to purchase? \_\_\_\_\_

Do you intend to live on this property? \_\_\_\_\_ If no, do you intend it to be an investment? \_\_\_\_\_

Will any other variances or special permits be required from other units of government in order to develop this property? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

MAKE CHECK FOR APPEAL FEE OF \$375.00 PAYABLE TO: **SCCHD**



*I hereby affirm that the information contained as part of this application of appeal is true and accurate to the best of my knowledge and belief.*

\_\_\_\_\_  
(Signature of Appellant)

\_\_\_\_\_  
(Date)