



ST. CLAIR COUNTY HEALTH DEPARTMENT



Environmental Health Division
3415 28th Street Port Huron MI 48060
Office: (810) 987-5306 / Fax: (810) 985-5533
environmentalhealth@stclaircounty.org

APPLICATION OF APPEAL

NAME OF APPELLANT _____ PHONE: (_____) _____

MAILING ADDRESS _____
(Address and Street) (City/State) (Zip)

ADDRESS/APEAL 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 for 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 \$350.00 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)