Barry County: 330 W. Woodlawn Ave., Hastings MI 49058 Phone: 269-945-9516 Fax: 269-818-0237

Eaton County: 1033 Health Care Dr., Charlotte, MI 48813 Phone: 517-543-2430 Fax: 517-543-7737

Eaton Behavioral Health: 1033 Health Care Dr., Charlotte, MI 48813 Phone: 517-543-2580 Fax: 517-543-8191

PROCEDURE FOR REQUESTING AN APPEAL Sanitary Code

The Barry-Eaton District Health Department *Sanitary Code, Article VIII Board of Appeals* provides an opportunity for an appeal of the rulings or decisions of the health officer charged with the enforcement.

The procedure to be utilized when requesting an appeal is as follows:

- 1. The request for any appeal shall be made in writing to the Sanitary Code
 - Appeals Board. The written request shall state the variance, which is being requested and a comprehensive explanation of why such a variance should be granted. Include any additional information, which is relevant such as permit numbers, addresses, date of the initial decision, etc.
- 2. It is required that the current fee be deposited upon filing a request for a hearing. A check or money order, made payable to the Barry-Eaton District

 Health Department shall be included with the request.
- 3. An opportunity for a hearing shall be granted no less than ten (10) days nor more than forty-five (45) days after the receipt of the request.
- 4. The Appeals Board shall notify the appellant in writing of the location, time, and date of the hearing. Said notice shall be sent at least seven (7) days prior to that time designated for the hearing.
- 5. The appeal request shall be sent to:

Barry-Eaton District Health Department Attn: Director of Environmental Health 1033 Health Care Dr. Charlotte, Michigan 48813

The final decision of the Appeals Board shall be by majority vote and that decision shall be final. The Appeals Board shall furnish the appellant with a written report of its findings and decision within ten (10) days after the date of the final hearing.



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APPLICATION FOR HEARING

RE: On-Site Water or Wastewater Findings

Pursuant to the Barry-Eaton District Health Department Sanitary Code, Article VIII Board of Appeals, I hereby seek an administrative review of the Barry-Eaton District Health Department action as explained below.

Facility/Property Address:				
Township:	Parcel ID No			
Appellant Name:	Address:			
City	State	Zip	Phone:	
Property Owner (if different from app	ellant):			
Address:				
Property Size	Current	Zoning Classifica	tion:	
Adjacent Property Classification: N_				
S				
E _				
W				
Description of Proposal or Concern:				



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If appeal is seeking relief from denial of approval to construct an on-site wastewater system, it is necessary to submit the following with this application:

- a) Legal description of the parcel or survey of parcel.
- b) Site plan (drawn to scale) to include the following:
 - 1. Dimensions of Property
 - 2. Location of Proposed House
 - 3. Location of Proposed System
 - 4. Roads i.e. Names
 - 5. Property Lines
 - 6. Direction Arrow North
 - 7. Location of Well (Proposed)
 - 8. Location of Drains on Property and Name of Same
 - 9. Is site in the floodplain? If yes, map required
 - 10. Relationship of proposed septic to neighbor's well and septic system.
 - 11. Verification that connection to available public sewer is not mandated by sewer authority, if applicable.

c)	Other Pertinent Information:
Varia	nces may be granted <u>only</u> when all of the following conditions have been determined to exist: a) No substantial health hazard or nuisance is likely to occur therefrom;
	 b) Strict compliance with regulations or requirements would result in unnecessary or unreasonable hardship c) No state statute or other applicable laws would be violated by such variance; d) The proposed variance would provide essential equivalent protection for the public health and would be in the public interest
than to	C: Complete applications for an appeal must be filed with the Barry-Eaton District Health Department no less en (10) days prior to the second Thursday of each month. Board of Health meetings occur the fourth Thursday month unless otherwise posted.
Signat	tureDate:
****	**************************************
Hearii	ng DateReceipt Number
Result	of Hearing:

App.hear.10-01.18