



**BUREAU OF ECOLOGY & INSTITUTIONAL SERVICES  
BALTIMORE CITY HEALTH DEPARTMENT  
1001 E. FAYETTE STREET – BALTIMORE, MD 21202  
(O) 410-396-4428  
(F) 410-396-5986**

ID # \_\_\_\_\_

**Request For Environmental Health Inspection**

(TO BE COMPLETED BY APPLICANT)      Date \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIPCODE \_\_\_\_\_

FAMILY DAY CARE/DCC\*: \_\_\_\_ GROUP HOME: \_\_\_\_ ASSISTED LIVING: \_\_\_\_

NONPUBLIC SCHOOL: \_\_\_\_ FOSTERCARE: \_\_\_\_ ADOPTION: \_\_\_\_

NEW            ANNUAL     

NO. OF FOSTER CARE: \_\_\_\_ CHILDREN \_\_\_\_ ADULTS      NO. OF ADOPTION CHILDREN: \_\_\_\_

NUMBER OF FAMILY MEMBERS IN HOME      ADULTS \_\_\_\_      CHILDREN \_\_\_\_

- APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
- PLACEMENT WORKER \_\_\_\_\_ PHONE \_\_\_\_\_
- AGENCY \_\_\_\_\_ AGENCY ADDRESS \_\_\_\_\_

**BCHD USE ONLY**

(EVALUATION BY SANITARIAN)

REMARKS OR REQUIREMENTS FOR COMPLIANCE

APPROVED            DISAPPROVED     

NUMBER OF CHILDREN \_\_\_\_\_

NUMBER OF ADULTS \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE      DATE

PLEASE FORWARD CHECK OR MONEY ORDER IN THE AMOUNT **\$150.00** MADE PAYABLE TO THE DIRECTOR OF FINANCE. MAIL A COPY OF THIS FORM WITH YOUR PAYMENT TO:

**BUREAU OF ECOLOGY & INSTITUTIONAL SERVICES  
BALTIMORE CITY HEALTH DEPARTMENT  
1001 E. FAYETTE STREET  
BALTIMORE, MD 21202**

\*FDC/DCC do not pay a fee