

FEE: \$291.00  
Plus \$52.00 (Per Lot)  
(1/1/09)

ENVIRONMENTAL HEALTH DIVISION  
Shiawassee County Health Department  
201 N. Shiawassee Street Corunna, Michigan 48817  
Phone: (989) 743-2390 Fax: (989) 743-2413

LD - -  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Receipt No. Fee Date

**LAND DIVISION SITE APPLICATION**

1. PROPOSED LAND DIVISION	2. TOWNSHIP	3. SECTION NO.	4. NO. OF ACRES	5. NO. OF SPLITS
6. CURRENT LAND OWNER		7. ADDRESS (Street Address, City, State, Zip Code)		PHONE NUMBER ( ) - A.C.
8. PROPOSED LAND DIVISION USE Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ Two Family <input type="checkbox"/> Industrial <input type="checkbox"/> Multiple Family <input type="checkbox"/> Recreational <input type="checkbox"/>		9. WATER SUPPLY BY: Ind. Wells <input type="checkbox"/> Public System <input type="checkbox"/>		10. SEWAGE SYSTEM BY: Ind. Septic Tanks <input type="checkbox"/> Public System <input type="checkbox"/>
11. ADJACENT PROPERTY (a.) Same Ownership Yes <input type="checkbox"/> No <input type="checkbox"/> (b.) Public Ownership Yes <input type="checkbox"/> No <input type="checkbox"/> (c.) Developed Yes <input type="checkbox"/> No <input type="checkbox"/> (d.) Type of Development _____				
12. Are all waterways and water impoundments shown on Plat Maps? Yes <input type="checkbox"/> No <input type="checkbox"/>		13. Are all flood plains shown on Plat Map? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Is extensive cutting or filling of land anticipated? Yes <input type="checkbox"/> No <input type="checkbox"/>		15. Are the locations of existing facilities, utilities and structures shown? Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. SEWAGE DISPOSAL On-site sewage system to be used? Yes <input type="checkbox"/> No <input type="checkbox"/>				

17. DEVELOPER'S NAME: \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)

ADDITIONAL COMMENTS \_\_\_\_\_  
\_\_\_\_\_

A tentative parcel map showing area, parcel lines, public utility easements, accessibility, staked proposed test site, and other requirements of Section 109 and Section 108 of Public Act 591 of 1997. The tentative parcel map shall be a scale drawing showing the approximate dimensions of the parcels.

**BEFORE WE CAN FINALIZE OUR PHASE OF THE LAND DIVISION PROCESS FOR YOU, YOU WILL NEED TO SUBMIT THE FOLLOWING ITEM FOR US:**

Parcel Map

OWNER/AUTHORIZED AGENT  
OR APPLICANT'S SIGNATURE: X \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)