

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

DO NOT WRITE BELOW

RL _____	
Application Number	
Receipt No. _____	Amt. Pd. _____
Date Received _____	

APPLICATION FOR RAW LAND EVALUATION

Tax I.D./Parcel I.D. # _____

_____ Road Name _____ Township _____ Section Number _____

Land Owner's Name _____

Mailing Address: _____
Land Owner's House Address _____ City _____ State _____ Zip Code _____

Description of Property Location:

a. Consider this a one mile section. Give the name of the road your property is located on and the names of the nearest crossroads. Place an "X" to indicate your property location. Please indicate with an "arrow" which direction is North.

_____ | _____ | _____ | _____ | _____
_____ | _____ | _____ | _____ | _____

b. My property is located on the North ____ South ____ East ____ West ____ side of the road. The property is approximately _____ feet from the nearest intersection of _____ road.

c. Lot Dimensions: _____ Ft. X _____ Ft. OR _____ Acre (s)

d. List the road addresses either side of proposed parcel: _____ and _____

It is the responsibility of the backhoe operator of your choice to call to set an appointment for the evaluation directly with the Sanitarian. The best time for them to call is between 8:00 and 9:30 A.M., Monday through Friday.

PLOT PLAN DRAWING ON NEXT PAGE (Must include the following information):

Lot size, North Arrow, Fronting Road, Proposed Grade Changes, Any Easements, Any Lake, River, County Drain within 100 feet of your property, Driveway and Utility Lines (gas, electric and phone).

PRIOR TO ANY DIGGING – CALL MISS DIG - 1-800-482-7171

Signature of Owner/ or Applicant/ or Authorized Agent _____ Date _____

Mailing Address: _____
Home or Business Address _____ City _____ State _____ Zip Code _____

Phone Number: () _____

APPLICATION MUST BE SIGNED TO BE VALID!