Shiawassee County Health Department
ENVIRONMENTAL HEALTH DIVISION
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 ( ) -

8. PROPOSED LAND DIVISION USE	9 WATER SUPPLY BY:	10. SEWAGE SYSTEM BY:
Single Family [ ] Commercial [ ] Other _____ Two Family [ ] Industrial [ ] Multiple Family [ ] Recreational [ ]	Ind. Wells [ ] Public System [ ]	Ind. Septic Tanks [ ] Public System [ ]

11. ADJACENT PROPERTY
(a.) Same Ownership Yes [ ] No [ ]
(b.) Public Ownership Yes [ ] No [ ]
(c.) Developed Yes [ ] No [ ]
(d.) Type of Development _____

12. Are all waterways and water impoundments shown on Plat Maps? Yes [ ] No [ ]

13. Are all flood plains shown on Plat Map? Yes [ ] No [ ]

14. Is extensive cutting or filling of land anticipated? Yes [ ] No [ ]

15. Are the locations of existing facilities, utilities and structures shown? Yes [ ] No [ ]

16. SEWAGE DISPOSAL Onsite sewage system(s) to be used? Yes [ ] No [ ]

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)