

Facility ID# _____
Fee _____ Rec. # _____
Date: _____

ENVIRONMENTAL HEALTH DIVISION
 201 N. Shiawassee Street, Corunna, MI 48817
 Phone: (989) 743-2390 Fax: (989) 743-2413
<http://health.shiawassee.net>

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 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 Onsite sewage system(s) to be used? Yes <input type="checkbox"/> No <input type="checkbox"/>					
17. DEVELOPER'S NAME:		PHONE:			
18. DEVELOPER'S ADDRESS (Street Address, City, State, Zip Code): _____					
19. 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 is required and must be submitted with this application. The tentative parcel map shall be a scale drawing showing the approximate dimensions of the parcel.

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

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