



**SHIAWASSEE COUNTY**  
**HEALTH DEPARTMENT**  
*Promoting Wellness. Protecting Health.*

201 N. Shiawassee St., 3<sup>rd</sup> Floor, Corunna, MI 48817  
Phone: 989-743-2390 / Fax: 989-743-2413  
<http://health.shiawassee.net>

|                    |          |
|--------------------|----------|
| Application Number |          |
| Receipt #          | Amt. Pd. |
| Date Received      |          |

**APPLICATION FOR VACANT LAND EVALUATION**

Tax I.D./Parcel I.D. # \_\_\_\_\_

\_\_\_\_\_ Road Name \_\_\_\_\_ Township \_\_\_\_\_ Section Number

Land Owner's Name \_\_\_\_\_ Email: \_\_\_\_\_

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**