

FEE _____
RECEIPT _____
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**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
VACANT LAND EVALUATION APPLICATION**

THIS IS NOT A PERMIT

APPLICATION NUMBER: _____

CLIENT I.D. NUMBER: _____

PROPERTY LOCATION:

(Township) _____ (Section #) _____ (Property Dimensions) _____ (Subdivision) _____ (Lot#) _____

(Road/Street Address) _____ (Driving Directions to Property) _____

PURPOSE: Real Estate Transaction _____ Proposed Land Division _____ Proposed Subdivision _____ Other _____

UTILIZATION: Residential: single family _____ multi-family _____ mobile home _____
Commercial: building use _____ no. employees _____
Other: _____

PREVIOUS OWNER/BUILDER: _____

Land Owner's Name _____ Street _____ City _____ Zip _____ Telephone _____

Applicant's Name _____ Street (Mailing Address) _____ City _____ Zip _____ Telephone _____

SIGNATURE: **X** _____ DATE: _____

Vacant Land Evaluation Results Expire Two Years from Date of Issue

USE THIS SPACE TO DRAW A PLOT PLAN OF THE PROPOSED BUILDING SITE

Refer to the application instruction form for directions. Incomplete applications will be returned to the applicant.

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