

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
VACANT LAND EVALUATION APPLICATION**

THIS IS NOT A PERMIT

(Road/Street Address with City)		(Township)	(Section #)	
(Property Tax ID #)		(Property Dimensions)		
(Subdivision/Lake)		(Lot#)		
PURPOSE: New Build ____ 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	Mailing Address	City	Zip	Telephone
Email Address _____				
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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