

LAND DIVISION APPLICATION FORM
(For divisions involving 3 parcels or less, less than 1 acre in size)

I. PARENT PARCEL INFORMATION

Township: _____ Section Number: _____

Parcel or Tax ID #: _____

Bordering Streets: _____

Total Area of Parent Parcel: _____

Total Number of New Parcels: _____

Size of New Parcels: _____

Proposed for Onsite Sewage: _____

Municipal Sewer: _____

Onsite Water: _____

Municipal Water: _____

II. APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____

Mobile Phone: _____

INCLUDE WITH SUBMITTAL:

- Overview map of property (in triplicate)
- Application fee – See Current Fee Schedule

Applicant Signature: _____ Date: _____

MasterCard, Visa, or Discover Card Payment Request

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

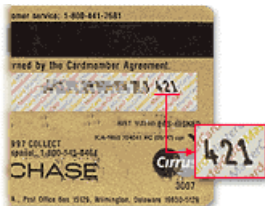
Name of Credit Card Holder as it appears on the credit card:

First Middle Last

Billing Address:

Street Address City & State Zip Code

Credit Card Number:



V-Code: _____

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): ____/____ MC ____ Visa ____ Discover ____

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalcounty.com/eh/forminfo.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

_____ The area below is for office use only. _____

____ Phone ____ Fax ____ Mail EH Staff Initials _____ Date _____

Authorization # _____ Dollar Amount \$ _____