

**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

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

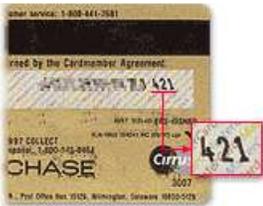
This shaded area is for office use only \_\_\_\_\_

\_\_\_\_ Phone \_\_\_\_ Fax \_\_\_\_ Mail EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

### Credit Card Number:

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

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