



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

PRE-PRELIMINARY APPLICATION FORM

DATE: _____

I. Parcel Information

Proposed Name of Subdivision: _____

Township: _____ Section Number: _____

Bordering Streets: _____

Total Area of Parent Parcel: _____

Estimated Number of Lots: _____ Size of Lots: _____

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 with Topographic Contours

Soil boring information, if available

Area water quality and well record information, if available

Identify current and past land use

Application fee - See Current Fee Schedule.

Signature: _____ Date: _____

HEALTH AND COMMUNITY SERVICES DEPARTMENT
Environmental Health Unit

311 East Alcott Street | Kalamazoo, MI 49001

Phone: 269.373.5210 | www.kalcounty.com/eh