



# ALLEGAN COUNTY HEALTH DEPARTMENT

3255 – 122<sup>nd</sup> Avenue, Suite 200, Allegan, MI 49010  
Environmental Health Division Phone: (269) 673-5415 FAX:(269) 673-4172  
Email: AlleganEH@allegancounty.org

Date
Receipt
Amount

## RAW LAND AND PRELIMINARY PLAT APPLICATION

Raw Land Evaluation	\$225.00		Preliminary Plat	\$700.00		# of Lots x \$20 per lot	\$ _____
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### PROPERTY OWNER INFORMATION

Name of Property Owner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name \_\_\_\_\_ Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### PROPERTY LOCATION INFORMATION

TAX/PARCEL ID 03- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Township \_\_\_\_\_  
 Address \_\_\_\_\_ (if assigned) City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Section # \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Acres \_\_\_\_\_

**Raw Land Evaluation: (per site) This applies to property which is not intended to be built within a year.  
 Prior to construction a new septic system construction permit will be necessary.**

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

### SITE PLAN DRAWING

All submitted applications must be accompanied with a site plan drawing.

*IT IS OUR GOAL TO PROCESS ALL APPLICATIONS WITHIN 14 BUSINESS DAY*