



# VACANT LAND EVALUATION APPLICATION

Alpena ( )  
100 Woods Circle  
Suite 200  
Alpena, MI 49707  
989-356-4507

Cheboygan ( )  
Doris E. Reid Center  
825 S. Huron Street, Ste. #1  
Cheboygan, MI 49721  
231-627-8850

Montmorency ( )  
P.O. Box 183  
Elkland Center  
Atlanta, MI 49709  
989-785-4428

Presque Isle ( )  
P.O. Box 236  
151 E. Huron Street  
Rogers City, MI 49779  
989-734-4723

PROPERTY TAX ID \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_  
Name Address

Property Owner's Permission to Make Evaluation: \_\_\_\_\_  
( ) Owner's Signature - or - ( ) See attached document

Size of Lot \_\_\_\_\_ feet by \_\_\_\_\_ feet ACRES: \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

ADDRESS OF SITE (to be evaluated) \_\_\_\_\_

DIRECTIONS TO SITE: \_\_\_\_\_

Township \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

<p>Soils Profile</p> <table border="1"> <thead> <tr> <th>Feet</th> <th>Type</th> </tr> </thead> <tbody> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </tbody> </table> <p>Water Table _____</p> <p>Seasonal High Water Table _____</p> <p>Mottling _____</p>	Feet	Type	1		2		3		4		5		<p>Provide sketch showing property involved and explicit directions to site.</p>
Feet	Type												
1													
2													
3													
4													
5													

Phone # to Call if Questions: \_\_\_\_\_

Mail Report to: ( ) Owner ( ) Representative

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\*\*\*\*\* APPLICANT TO COMPLETE HERE \*\*\*\*\*

Sanitarian's Evaluation & Recommendations: ( ) Acceptable ( ) Not Acceptable ( ) With Attached Information

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

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Date \_\_\_\_\_ Fee \$ \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check # \_\_\_\_\_ OR# \_\_\_\_\_