

**CITY OF WAYLAND**  
**103 S. Main St., Wayland, MI 49348**  
**PHONE: 269-792-2265    FAX: 269-792-0387**

**LAND DIVISION APPLICATION**

**Date:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

\_\_\_\_\_

**Phone:**                      **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Zoning Classification:** \_\_\_\_\_

**Size of Property:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

\_\_\_\_\_

**Applicant's Interest in Property (title holder-owner, land contract purchases, tenant, lessee,**

**etc.:** \_\_\_\_\_

**Present improvements (buildings, etc.):** \_\_\_\_\_

\_\_\_\_\_

**Present use of Property:** \_\_\_\_\_

**Describe Proposed Land Division and Attached Site Plan:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Date Received:** \_\_\_\_\_

**By:** \_\_\_\_\_