

LAND DIVISION APPLICATION

This form is designed to comply with applicable local zoning, land division ordinances and Sec 109 of the Michigan Land Division Act.

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Please answer the questions on this page and provide the required attachments

Property Owner: _____ **Address:** _____

City, State, Zip Code: _____ **Phone No.** _____

Parent Parcel Property Identification Number (If a parent tract, please include all numbers)

Please provide legal description of parent parcel/tract (attach extra sheet if needed)

Please state number of parcels proposed with this application: _____

Please attach the following to application: (All attachments must be included for application to be complete.)

A. Survey or drawing showing proposed division(s) and including the following:

1. Dimensions of the proposed divisions
2. Existing and proposed road/easement rights of way
3. Existing buildings and their distance from proposed division lines.
4. Size of each proposed division (indicated in square feet or acreage)

B. Legal descriptions for each proposed division and any applicable easements.

AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections.

I agree the statements and information contained within this application are true and if found to be false, understand that any approval will be void. **Further**, I agree to comply with the conditions and regulations provided with this parent parcel division. **Further**, I agree to give permission of officials for the municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on the application is correct. **Further**, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights. **Further**, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time and if changed the divisions made here must comply with the new requirements unless the divisions are built upon or conveyed by deed, land contract, or lease and recorded with the Register of Deeds before said changes would occur. **Finally**, it is understood that upon approval, those parcel divisions will be carried on the ensuing year's tax roll as individual parcels and that separate tax bills will be issued for each.

Property Owner's (Agent) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Verification of Parent Parcel/Tract and Number of Allowable Divisions (Section 108)

(circle one)

Total number of acres in Parent Parcel/Tract: _____

A. Maximum number of divisions allowed by statute: _____ B. Number previously used or assigned: _____

Applicable Bonus Divisions: _____ Number of regular divisions remaining (A minus B) _____

Verified by: _____ Date: _____

Equalization Director or Assessing Officer

Verification of Compliance with Applicable Zoning Requirements (Section 109)

I certify that the divisions proposed in this application comply with all applicable zoning ordinance requirements as they relate to Section 109 of the Land Division Act. (Attached Survey/Drawing must also be stamped approved by zoning administrator)

Verified by: _____ Date: _____

County or Township Zoning Administrator

Verification of Compliance with Location Standards of Proposed Easement(s) by County Road Commission or Michigan Department of Transportation.

I certify that the proposed easement(s) which provide access to the parcel divisions proposed in this application meet the applicable location standards.

Verified by: _____ Date: _____

Engineer/Manager

Edwards Township Only (Where applicable)

I have been provided with an application for a Private Street Permit in accordance with Edwards Township Zoning Ordinance Section 2.24.

Property Owner (Agent): _____ Date: _____