

Application for Land Division, Combination or Boundary Adjustment



22950 Huron River Dr.
New Boston, MI 48164

Case Number: _____
Date Received: _____
Received by: _____

Application Fee: \$ _____
Amount Paid: \$ _____
Receipt Number: _____
(Any Review fees will be direct billed)

GENERAL INFORMATION:

Name(s) of Legal Property Owner(s): _____
Address: _____
Phone: () _____ Fax: () _____
Name of Applicant (if different than Owner): _____
Company: _____ Interest in Property: _____
Address: _____
Phone: () _____ Fax: () _____
Name of Surveyor/Engineer: _____ Company: _____
Address: _____
Phone: () _____ Fax: () _____
Signature of Legal Owner: _____ Date: _____

PROPERTY INFORMATION:

Provide the requested information for all parcels involved (use separate sheet if necessary) along with a drawing of the existing parcel configuration:

Tax ID <u>Number</u>	Split Ident. <u>Letter/or #</u>	Land Area <u>(Acres)</u>	Current <u>Zoning</u>	Date of <u>Last Split</u>	Legal <u>Description</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> Attached
_____	_____	_____	_____	_____	<input type="checkbox"/> Attached
_____	_____	_____	_____	_____	<input type="checkbox"/> Attached
_____	_____	_____	_____	_____	<input type="checkbox"/> Attached

Address(es) of Parcel(s) Involved: _____

Are any parcels proposed to be split which are a lot or out lot in a platted subdivision? Yes No

Deed restrictions applying to property(ies)(if applicable): _____

PROJECT INFORMATION:

Proposed Action: Land Division Combination Boundary adjustment

Description of Proposed Action (use separate sheet if necessary): _____

Resulting Number of Parcels: _____ Intended Use of Parcels: _____

All Resulting Parcels:

- Have a Depth-to-Width Ratio of 4:1 or Less Have Adequate Lot Width for the Zoning District
- Have Adequate Lot Area (Net) for the Zoning District

Resulting Parcels Will Be Accessed Via:

- An Existing Private Road, Name: _____; An Existing Public Road, Name: _____; A Proposed Private Road, Proposed Road Name: _____ Approved?: Yes No; A Proposed Public Road, Proposed Road Name: _____ Approved?: Yes No

Owners of Resulting Parcels: See Below *

Parcel Identifier Acreage Name and Mailing Address (to be used for mailing taxes, assessment notices, etc.)

Parcel Identifier	Acreage	Name and Mailing Address (to be used for mailing taxes, assessment notices, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMITTAL REQUIREMENTS:

You must hire a professional surveyor or engineer, registered in the State of Michigan, to produce a certified survey of your property. This survey must be attached, and include the following information:

- North arrow, date and scale.
- Existing and proposed lot lines and dimensions.
- Existing utilities (gas, telephone, electric, water and sanitary) and drainage courses within 50 feet of lots to be split.
- Location and dimensions of existing and proposed easements, lot numbers, roadways, and lot irons.
- Existing structures on the proposed lots and all structures within 50 feet of proposed lot lines.
- Zoning classification of the lots to be split and all abutting lots.
- All required front, rear, and side yard setbacks resulting from the requested split.
- Topographic information if required by the Planning/Zoning Director to determine grading, drainage, and storm water design.
- Need 2 years of Paid Taxes; 2 copies of survey showing prior to split and showing resulting action with all buildings on parcel and legal descriptions.
- *If transferring ownership must file Form L-4260 (Mich Dept of Treasury-Property Transfer Affidavit)

AFFIDAVIT:

This application provides authority for Township representatives to physically view and inspect the property.

The undersigned says that (s)he is the (owner, lessee or other specified interest) involved in this petition and that the foregoing answers and statements herein contained and the information herewith submitted are in all respects true and correct to the best of his/her knowledge and belief.

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reviewer's Action:

Signature: _____ Approval Date _____ Denial Date _____

Treasurer's Action (verification of paid taxes):

Signature: _____ Approval Date _____ Denial Date _____

Assessor's Action:

Signature: _____ Approval Date _____ Denial Date _____

Supervisor's Action:

Signature: _____ Approval Date _____ Denial Date _____

Reason for denial (use separate page if necessary):

