

ARMADA TOWNSHIP LAND DIVISION APPLICATION

Date:

LOCATION OF PARCEL TO BE SPLIT

Address: Parcel number(s) 13-02

PROPERTY OWNER INFORMATION

Name: Phone:
Mailing Address:
E-mail Address:

APPLICANT INFORMATION (if not owner)

Contact Person: Phone:
Business: Fax:
Mailing Address:
E-mail Address

PROPOSAL INFORMATION

1) Number of proposed divisions (include remainder): Intended land use:

2) Access to parcels is provided by (circle all that apply):
Frontage on an existing county road.
Frontage on an existing private road.
A proposed private easement to an existing road.

3) Are any of the proposed divisions meant to receive additional division rights from the parent parcel or tract? If not, all remaining division rights are assumed to remain with the original owner's remainder.

Note: Transferred division rights must be shown in property deeds and reported to the township at time of sale.

4) Please list any existing improvements (drives, culverts, buildings, wells, septic, pond) not identified on the survey that are located on the remainder and each child parcel.

Note: Existing structures and setbacks to proposed parcel lines must be identified on the survey of the property.

ATTACHMENTS--Land Division Application

Please indicate attachments you have submitted with this application.

A) _____ Survey of proposed divisions and remainder parcel, sealed by professional surveyor. *

Survey must show:

- 1) Current boundaries of parent parcel, parent tract or qualified non-parent parcel.
- 2) Proposed divisions, with dimensions.
- 3) Existing and proposed road or easement rights-of-way.
- 4) Location of existing public utilities and easements as needed to access utilities.
- 5) Existing improvements (buildings, wells, septic, driveways etc.).
- 6) Setbacks from existing structures to proposed parcel lines.

B) _____ Indication of approval or driveway permit from County Dept. of Roads for each proposed parcel fronting on a county road;

C) _____ Township review fee of \$125 per new parcel; Planner review fee of \$500 if requested to review.

D) _____ Utility company review for adequate easements to service new parcels.

E) _____ Macomb County Treasurer Tax Certification (**stamp below**)

*Courtesy review may be requested before a survey is obtained. Application is not complete without a survey.

AFFIDAVIT

I agree the statements made above are true, and if found not to be true any approval will be void. I understand that this is only a parcel division which conveys only certain rights under the township land division and zoning ordinances 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.

I understand that approval of divisions under the Land Division Act does not guarantee suitability of any division of land for any specific purpose, including use as a building site.

The Township will recognize a division as of approval date and divide the subsequent tax bill unless requested to delay division until the subsequent assessment roll.

Applicant Signature:

Date:

Caution: If divisions are sold before township approval is obtained, the seller is liable to civil fine as well as possible invalidation of the sale by the buyer.

Township Use Only—Response Sheet

Date Original Application Received:

Owner:

Parent parcel:

Completion Checklist:

____ Survey, Complete?

____ County driveway

____ County tax certification

____ Division review fee

____ DTE availability

Division rights information: Parcel Acreage:

Parent Tract Acreage:

1) Number of nominal original LDA division rights:

2) Number used in previous LDA divisions:

3) Number of nominal re-division rights:

3) Number used in this proposed plan:

4) Bonus still available after this plan?

Other parcels included in parent tract used to figure overall division rights:

Parcel #

Acreage

____ Application incomplete, 45-day period for review has not begun; Materials needed:

____ Date all materials received, application forwarded to township planner.

DECISION SECTION—Township Planner

____ Planner Approved Date

____ Corrections Needed Date; requirements for approval attached:

____ Denied; Reasons attached:

Planner review by _____

____ Planner Review Returned Date

ASSESSOR FINAL REVIEW

_____Planner Review Received Date

_____Forwarded to Owner for Corrections Date

_____Returned to Owner as Denied Date

FINAL APPROVAL DATE

SIGNATURE

New Sidwell Parcel Numbers Proposed (to be verified by county land file):

New Address Assignments:

Division of taxes:

Default: Courtesy division on subsequent tax billing (available until July 1 for summer taxes, December 1 for winter taxes.)

By owner request only: No tax division until after subsequent assessment roll. Parent parcel description will be billed for all taxes in the current tax year.