SHIAWASSEE COUNTY LAND DIVISION APPLICATION

INSTRUCTIONS: Approval of a division of land or property line adjustment is required before ownership of the land is transferred. This form is designed to comply with rules, regulations and ordinances adopted by the township pursuant to Public Act 288 of 1967, Michigan Land Division Act ("Act"), as amended, and the Shiawassee County Zoning Ordinance ("Zoning Ordinance") regulating the size, shape and proportion of property in the County.

Please leave unknown information blank.

GENERAL INFORMATION

Applicant Name:

Mailing Address:

Property Owner (If different from applicant):

Property Owner Address:

Primary Contact Phone:

Primary Contact Email/Fax:

PROPERTY INFORMATION

Parent Parcel Location (address/crossroads):

Parent Parcel Tax Identification No:

Parent tract/parcel size: _____   Parent parcel road frontage: _____   Parent parcel depth: _____

PROPOSAL

Is the proposal to:

Create new parcels from the parent parcel? ☐ Yes ☐ No

Combine the entire parent parcel with an adjoining parcel? ☐ Yes ☐ No

Combine a portion of the parent parcel with an adjoining parcel? ☐ Yes ☐ No

If property is to be combined, what is the property identification number(s) for the adjacent parcel(s):

_____

_____

Number of divisions to be transferred from the parent parcel to another parcel? _____

Specifically identify which parcels are to receive transferred divisions and how many on the attached survey.

ATTACHMENTS

A property survey signed and sealed by a professional surveyor is required for all properties resulting from land division, including the remainder of the parent parcel. A preliminary sketch may be submitted in advance of a professional survey to obtain preliminary approval.

AFFIDAVIT OF COMPLIANCE

I am the owner of, or the authorized agent of the owner, of the property described and shown on the attached survey. I hereby attest, to the best of my knowledge, all information provided herein is accurate and in compliance with all applicable rules, regulations and governing ordinances.

OWNER/APPLICANT SIGNATURE_____ **DATE:**_____