

Land Division Application

MANLIUS TOWNSHIP
3134 57th STREET
FENVILLE, MI 49408
PHONE (269) 561-8855
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<u>FOR OFFICE USE ONLY</u>	
DATE APPLICATION RECEIVED	_____
PARCEL NUMBER	_____
APPLICATION NUMBER	_____
NO. OF SPLITS REQUESTED _____	X \$150.00 EACH = \$ _____ TOTAL
DATE PAID _____	AMOUNT PAID _____
PAID BY _____	CHECK # _____ RECEIPT # _____

You **MUST** answer all questions and include all attachments, or this will be returned to you. Bring or mail to: Andrew Clark, Assessor, Manlius Township.

Approval of a division of land is required before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment (#102(e&f)). On the lines below, fill in where you want this form sent, when the review is completed.

NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

This form is designed to comply with applicable local zoning, land division ordinances and #109 of the Michigan Land Division Act (formerly the subdivision control act, P.A. 591 of 1996.) MCL 560.101 et. seq.

1. LOCATION of parent parcel to be divided:

Address: _____ Road Name: _____
 Parent Parcel No. 0314- _____ - _____
 Legal description of Parent Parcel (attach extra sheet if necessary) _____

2. PROPERTY OWNER Information:

Name: _____ Phone No: _____
 Address: _____ Road Name: _____
 City: _____ State: _____ Zip Code: _____

3. APPLICANT Information (if not property owner)

Contact Person's Name: _____ Business Name: _____
 Address: _____ Phone No.: _____
 City: _____ State: _____ Zip Code: _____

4. PROPOSAL Describe the division(s) being proposed:

- A. Number of new parcels _____
- B. Intended use (residential, commercial, etc.) _____
- C. The division of the parcel provides access to an existing public road by: (check one)

_____ Each new division has frontage on an existing public road.

_____ A new public road, proposed road name: _____
(Road name cannot duplicate an existing name)

_____ A new private road or easement, proposed road name: _____
(Name cannot duplicate existing one)

_____ A recorded easement (driveway). (Cannot service more than one potential site).

D. Write here, or attach a legal description of the proposed new road, easement or shared driveway (attach sheets if needed). _____

E. Attach a legal description for each proposed new parcel and the remaining portion of the parent parcel. _____

5. A. Number of future divisions that could be allowed, but are not allowed, and are not included in this application? # of divisions _____

B. The number of future divisions being transferred from the parent parcel to another parcel? _____

Identify the other parcel(s): _____

(See section 109(2) of the Statute. Make sure your deed includes both statements as required in section 109(4) of the Statute.)

6. **DEVELOPMENT SITE LIMITS:** Check each that represents a condition which exists on the parent parcel of any part of the parcel:

- _____ is the DNR-designated critical sand dune area
- _____ is riparian or littoral (it is a river or lake front parcel)
- _____ is affected by a Lake Michigan High Risk Erosion setback
- _____ includes a wetland
- _____ includes a beach
- _____ is within a flood plain
- _____ includes slopes more than twenty five percent (a 1:4 pitch or 14 degree angle) or steeper
- _____ is on muck soils or soils known to have severe limitation for on site sewage systems
- _____ is known or suspected to have an abandoned well, underground storage tank or contaminated soils

7. **ATTACHMENTS:** (All attachments **must** be included). Letter each attachment as shown here.

_____ A. 1. A survey, sealed by a professional surveyor at a scale of 1" = 100', of proposed division(s) of parent parcel;

OR 2. A map/drawing to scale of 1" = 100', of proposed division(s) of parent parcel **and waive the 30 day time limit by signing below:**

Signature: _____

The survey or map must show:

- (1) current boundaries (as of March 31, 1997), and

- (2) all previous divisions made after March 31, 1997 (indicate when made or none) and
- (3) the proposed division(s), and
- (4) dimensions of the proposed divisions, and
- (5) existing and proposed road/easement rights-of-way, and
- (6) easements for public utilities from each parcel to existing public utility facilities, &
- (7) any existing improvements (building, wells, septic system, driveways,) &
- (8) any of the features checked in question number 6

_____ B. A soil evaluation or septic system permit **for each proposed parcel of less than 2 ½ acres** prepared by the Health Department, or an indication that approval will occur for service by public sewer system. **Otherwise** attach a letter of agreement that the divided parcel is "unbuildable" and the following phrase must be included as part of the legal description on the deed or land contract. *"It has been determined and agreed to that the hereto described property is to be forever considered to be an unbuildable site as is defined by the Manlius Township Land Division Ordinance."*

Owners signature of agreement: _____ Dated: ___/___/___

_____ C. An evaluation/indication that approval will occur for service by a public water system, or a well permit for potable water if public water is not available, **for each proposed parcel**, if building construction is intended. **Otherwise** attach a letter of agreement that the divided parcel is "unbuildable" and the following phrase must be included as part of the legal description on the deed or land contract. *"It has been determined and agreed to that the hereto described property is to be forever considered to be an unbuildable site as is defined by the Manlius Township Land Division Ordinance."*

Owners Signature of Agreement: _____ Date: ___/___/___

- _____ D. Indication of approval, or permit from County Road Commission, MDOT, or Zoning Administrator for each proposed new road, easement or shared driveway.
- _____ E. A copy of any transferred division rights (#109(4)of the Act) in the parent parcel.
- _____ F. A fee of \$_____.
- _____ G. Release from County Drain Commissioner (unless waived by zoning administrator)

IMPROVEMENTS: Describe any existing improvement (buildings, well, septic, etc.) which are on the parent parcel or indicate none (attach extra sheets if needed):

AFFIDAVIT and **PERMISSION** for municipal, county and state officials to enter the property for inspections:

I hereby agree that the statements made above are true, and if found not to be true this application and any approval will be void.

Further, I agree to comply with the condition and regulations provided with the parent parcel division.

Further, I agree to give permission for officials of 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 of the application is correct at a time mutually agreed with the applicant.

Further, I understand this 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 (formerly the Subdivision Control Act P.A. 288 of 1967, as amended (particularly by P.A.591 of 1996), MCL 560.101 et seq.), 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, I understand that all existing special assessments will remain with the parent parcel or may be paid in full before the land division is approved. I also understand, that taxes will **not** be prorated by the Treasurers office.

Finally, 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 (apply for division approval again) unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to the law are made.

Property owner's Signature: _____ Date: ___/___/___

DO NOT WRITE BELOW THIS LINE

Reviewer's Action: _____ Total \$ _____ Receipt No. _____

Approved: Conditions, if any: _____

Denied: Reasons (#): _____

Signature _____ Date ___/___/___

STAFF NOTE: If this portion of the application is blank, see the attached review sheets.