



# Land Division Application or Boundary Adjustment Request

Please submit this form in person to the Grass Lake Charter Township Assessor's Office for processing. 373 Lakeside Dr. Grass Lake MI 49240 517.522.8464 ext 128

Approval of a division of land is required **BEFORE** it is sold or leased when the new parcel is less than 40 acres and not just a property line adjustment (s/s 102 (d,e & f)) You **MUST** answer all questions and include all attachments or this form will be returned to you for completion. The Township will notify you within **45 days after receipt of a completed application.**

Property Owner Name \_\_\_\_\_ Application Number: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Survey Job Number: \_\_\_\_\_  
 \_\_\_\_\_ Attachments \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell or Work Phone # \_\_\_\_\_

This form is designed to comply with applicable local zoning, land division ordinances and s/s 109 of the Michigan Land Division Act (formerly the Subdivision Control Act) PA 288 of 1967, as amended (particularly by PA 591 of 1996) MCL 560.101 et. Seq.

**1. LOCATION** of parent parcel(s) to be split or adjusted

Property Address \_\_\_\_\_  
 Parent Parcel #(s) \_\_\_\_\_  
 Parent Parcel #(s) \_\_\_\_\_

**2. APPLICANT** Information (if different than property owner)

Contact / Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone # \_\_\_\_\_ Cell or Work Phone # \_\_\_\_\_

**3 PROPOSAL:** Describe the division(s) being proposed:

A. Number of new (resulting) parcels \_\_\_\_\_  
 B. Intended use (residential, commercial, etc.) \_\_\_\_\_  
 C. The division of the parcel provides access to an existing public road by:  
 \_\_\_\_\_ Each new division has frontage to an existing public road  
 \_\_\_\_\_ # of new parcels which will have driveway access to an existing public road  
 \_\_\_\_\_ # of new parcels served by a new public road name:  
 \_\_\_\_\_ # of new parcels served by recorded easement access (driveway). (Cannot service more than one potential site.)

**4. FUTURE DIVISIONS :**

A. How many divisions are available on the parent parcel(s)? \_\_\_\_\_  
 B. How many divisions (parcels) are a result after processing of this application? \_\_\_\_\_  
 C. Are any future divisions being transferred from the parent parcel to another parcel? Yes No  
**If yes is circled, please attach completed form L-4260a (see 6C below):**  
*"Notice to assessor of transfer of the right to make a division of land" for each child parcel to receive division rights.*

5. **DEVELOPMENT SITE LIMITS:** Check each item below that represent a condition that exists on the parent parcel. Is any part of the parcel:

- A. Riparian or littoral (river or lake front) parcel?
- B. A wetland?
- C. A beach?
- D. Within a flood plain?
- E. Slopes more than twenty-five percent (a 1:4 pitch or 14\* angle) or steeper?
- F. On muck soils or soils known to have severe limitation for on site sewage systems?
- G. Known or suspected to have an abandoned well, underground storage tank or contaminated soils?

6. **ATTACHMENTS:** (All attachments **MUST BE INCLUDED**) Letter each attachment with letter as shown below.

- A. A survey, sealed by a professional surveyor at a scale of 1" = 200' of proposed division of parent. **The survey map MUST show:**
  - 1 Boundaries as of March 31, 1997
  - 2 All divisions made after March 31, 1997 (indicate when made or none)
  - 3 The proposed divisions covered under this application, with dimensions and **complete legal descriptions for all parcels**
  - 4 Existing and proposed road/easement right-of-ways
  - 5 Easements for public utilities from each parcel to existing public utility facilities
  - 6 Location on proposed division of all existing improvements (buildings, wells, septic system, driveways, etc.)
- B. Indication of approval, or permit from the Jackson County Road Commission (call 517-788-4230), MDOT (517-780-7500), or respective city/village street administrator, for each proposed new road, easement or shared driveway.
- C. A copy of any transferred division rights in the parent parcel (see 4.C above).
- D. A copy of the County Treasurer's Certificate showing no delinquent taxes or outstanding special assessments for the preceding 5 years. **(Required as of 9/16/19 Land Division Act 288 of 1967 560.109i)**
- E. Application fee as outlined in #7 below

7. **FEES:** 1) An application fee of \$50 for each Land Division Application. 2) \$25 additional fee for each new parcel number created (no minimum/maximum). For example, if a parcel is split in two, there would be a \$50 application fee plus an additional \$25 for each of the two new parcel numbers being created, making the total fee \$100.

8. **APPROVAL CONDITIONS:** Approval of this land division does not preclude the completion of additional necessary requirements for the use of divided parcels as "buildable" parcels. Therefore the following must be obtained before a building permit can be issued:

- A. A Zoning Compliance Permit, issued in accordance with the Grass Lake Charter Township Zoning Ordinances
- B. Final approval of a public or private road (if applicable).
- C. Receipt, or a completed application and proof of payment of fees for connection of public water and sewer; or a permit from the Jackson County Health Department for water and septic disposal.
- D. Any other approvals required by local, County or State statutes when applicable (i.e. Soil and Sedimentation Control permits, DEQ wetland determination, etc.)

9. **AFFIDAVIT** and permission for municipal, county and state officials to enter the property for inspection: I agree 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 conditions and regulations provided with this parent parcel division. Further I agree to give permission for officials of the municipality, county and the State of Michigan, to enter property where this parcel division is proposed, for purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. 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 (formerly the Subdivision Control Act, PA 288 of 1967, as amended (particularly by PA 591 of 1996), MCL 560.101 et. seq.), and does not include any representations or conveyance of rights in any other statute, building code, zoning ordinance, deed restrictions or other property rights.

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 laws are made.

Property Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: I UNDERSTAND THAT ALL PAST, AS WELL AS CURRENT YEAR TAXES, MUST BE PAID BY DECEMBER 31ST IN ORDER TO HAVE THE SPLIT PROCESSED FOR THE NEXT YEAR. IF TAXES ARE NOT PAID BY DECEMBER 31, THIS APPLICATION BECOMES VOID AND THE FEES ARE FORFEITED.**

APPLICANT - DO NOT WRITE BELOW THIS LINE

Grass Lake Charter Township Clerk's Office \$ Amount Received \_\_\_\_\_

Receipt Date \_\_\_\_\_

Clerk's/Receivers's Initials \_\_\_\_\_

Assessor Review

Approved with conditions if any \_\_\_\_\_

Denied, with reasons if any \_\_\_\_\_

Assessor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Review:

Approved, taxes are current on the parent parcel \_\_\_\_\_

Denied, taxes are outstanding on the parent parcel \_\_\_\_\_

Treasurer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator Review:

Approved with conditions if any \_\_\_\_\_

Denied, with reasons if any \_\_\_\_\_

Z.A. Signature \_\_\_\_\_ Date: \_\_\_\_\_

Township Supervisor Review

Approved with conditions if any \_\_\_\_\_

Denied, with reasons if any \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Once all signatures are received, please return to the Assessor. Assessor to copy for dept file, copy to Equalization and original back to Clerk's Office.