

LAND DIVISION APPLICATION
Maple Valley Township

Without separate Zoning approval will not guarantee a building site.

Bring or mail to: MICHAEL BEACH, PO BOX 56, 4662 BAILEY RD, CORAL, MICHIGAN 49322

Approval by your local municipality is required before property may be sold. Approval [by both Assessor and Zoning administrator] is required for any division of land 40 acres or less unless the division is just a property line adjustment or is a plated lot.

Name and address where form is to be sent when review is completed:

1. LOCATION of parent parcel to be split:

Address: _____ Road Name: _____

Parent Parcel Number: **59-013-** _____ - _____ - _____

Legal description of parent parcel (attach extra sheet if needed): _____

2. PROPERTY OWNER INFORMATION:

Name: _____ Phone: (____) _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

3. APPLICANT INFORMATION: (if different than property owner):

Contact Person's Name: _____

Business Name: _____ Phone: (____) _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

4. LAND DIVISION PROPOSAL: [Describe each division(s) being proposed, **Including remainder**]

A. Number of new parcels: _____ **B.** Intended use (Residential, Commercial, etc.) _____

C. Legal description of each proposed new parcel (attach extra sheets if needed): _____

5. DEVELOPMENT SITE LIMITS: [Answer with a Yes or No the following that represents a condition existing on any part of the parcel]

____ is riparian or littoral (river or lake front property)? _____ includes a wetland?

____ includes slopes more than 25% (1 to 4 pitch or steeper)? _____ is within a flood plain?

____ is known or suspected to have an abandoned well, underground storage tank or contaminated soils?

6. ATTACHMENTS: [All attachments must be included] Letter each attachment as designated below.

A. SURVEY, sealed by a professional surveyor of proposed division(s) of parent parcel; **OR** a **MAP/DRAWING** drawn to a legible scale & Staked at site of proposed division(s) of parent parcel. It must show:

- ____ boundaries as of March 31, 1997.
- ____ all divisions made after March 31, 1997.
- ____ proposed division(s) with accurate dimensions shown.
- ____ proposed division(s) marked at site.
- ____ existing and proposed road/easement rights-of-way (66 ft.).
- ____ easements for public utilities from each parcel to existing public utilities.
- ____ any existing improvements (buildings, wells, septic systems, driveway, etc.).
- ____ any of the features answered with a Yes in question number 5 above.

FOR OFFICIAL USE ONLY

Parent Parcel Number: 59-013- _____

Name of applicant: _____

Number of splits allowed by statute: _____

PA 116 Y N PA 260 Y N

Zoning AG RR LR MHP MDR GC LI

File control no. _____

Date filed _____

Number of splits requested _____

- B. ZONING APPROVAL: A separate Zoning Permit will be needed before any type of building can be started.
- C. HEALTH DEPARTMENT APPROVAL: This is needed if the parcel is less than 1 AC (43,560 sq. ft) Signed Health Department approval for on site water supply and sewage disposal.

7. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspection:
 I hereby certify that the information contained on this application is true, and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with the conditions and regulations provided with this parcel under all applicable State and Local regulations. **Deed and other conveyance will include statements required by Public Act 591 of 1996 as to whether the right to make further divisions is proposed to be conveyed and the required statement regarding the Michigan right to farm act. See Item 8.** Further, I agree to give permission for officials of the local municipality, county and the State of Michigan to enter the property where this parcel division is proposed for the purposes of inspection to verify that the information on this application is correct.

Property Owner's Signature: _____ Date: _____

8. RIGHT TO FARM & LAND DIVISION WORDING -**This property may be located Within the vicinity of farmland or farm operation. Generally accepted agricultural aid management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act.**

When doing a Land Division you must insert a number on the blank line in the following when it appears on the deed. **The Grantor grants to the Grantee the right to make the _____ divisions under the Land Division Act, Act No. 288 of the Public Acts of 1967.**

9. FEES INVOLVED - The first division is \$30 and each additional division is \$10 on the same application. Check must clear for Approval to be valid. Make Check payable to Maple Valley Township Treasurer and return with this application to: MICHAEL BEACH, PO BOX 56, 4662 BAILEY RD, CORAL, MI 49322

10.
 DO NOT WRITE BELOW THIS LINE

=====

Number of new parcels _____ TOTAL FEE \$ _____
 Receipt No. _____

REVIEWER'S ACTION

____ APPROVED:

Assessor's signature: _____ Date: _____

Zoning Admin. signature: _____ Date: _____

(Conditions if any) _____

A Document (Survey or Deed) needs to be recorded within 90 days of approval to complete this Land Division

____ DENIED:

Assessor's signature: _____ Date: _____

Zoning Admin. signature: _____ Date: _____

(Reasons) _____

Ac. _____ PAV _____ PLV _____ PBV _____ PTXV _____