LAND DIVISION APPLICATION

This form is designed to comply with applicable local zoning, land division ordinances and Sec 109 of the Michigan Land Division Act. Please answer the questions on this page and provide the required attachments	
City, State, Zip Code:	Phone No
Parent Parcel Property Identifica	ation Number (If a parent tract, please include all numbers)
Please provide legal description o	f parent parcel/tract (attach extra sheet if needed)
	roposed with this application:
	lication : (All attachments must be included for application to be complete.)
 Dimensions of the p Existing and propose Existing buildings a 	proposed division(s) and including the following: proposed divisions sed road/easement rights of way and their distance from proposed division lines. sed division (indicated in square feet or acreage)
B. Legal descriptions for each	proposed division and any applicable easements.
AFFIDAVIT and permission for municipal	al, county and state officials to enter the property for inspections.
understand that any approval will be void. provided with this parent parcel division. municipality, county and the State of Mich for purposes of inspection to verify that the understand this is only a parcel division will division ordinance, the local zoning ordinarepresentation or conveyance of rights in a restriction or other property rights. Further ordinances and State Acts change from tim with the new requirements unless the division and recorded with the Register of Deeds be upon approval, those parcel divisions will and that separate tax bills will be issued for	
Property Owner's (Agent) Signature:	Date:

DO NOT WRITE BELOW THIS LINE

Verification of Parent Parcel/Tract and Number of Allowable Divisions (Section 108)		
Total number of acres in Parent Parcel	,	
A. Maximum number of divisions allowed	by statute: B. Number previously used or assigned:	
Applicable Bonus Divisions:	Number of regular divisions remaining (A minus B)	
Verified by:Equalization Director of	Date:	
Equalization Director (Assessing Officer	
Varification of Committee on with	Applicable Zaning Banginggraph (Casting 400)	
verification of Compliance with	Applicable Zoning Requirements (Section 109)	
zoning ordinance requirements a	osed in this application comply with all applicable as they relate to Section 109 of the Land Division at also be stamped approved by zoning administrator)	
Verified by:	Date:	
County or Township Z		
	Location Standards of Proposed Easement(s) by chigan Department of Transportation.	
County Road Commission of Mic	cingan Department of Transportation.	
• • •	nent(s) which provide access to the parcel cation meet the applicable location standards.	
Verified by:	Date:	
Engineer/Manager		
Edwards Township Only (Where appl	licable)	
I have been provided with an application Township Zoning Ordinance Section 2	on for a Private Street Permit in accordance with Edwards 2.24.	
Property Owner (Agent):	Date:	