



CITY OF MARSHALL
323 W Michigan Ave. Marshall MI 49068
LAND DIVISION/LOT ADJUSTMENT/COMBINATION REQUEST
APPLICATION

This form is designed to comply with applicable local zoning, land division ordinances and Sec 109 of the Michigan Land Division Act.

Property Owner: _____ Address: _____

City, State, Zip Code: _____ Phone No. _____

Email Address: _____

Parent Parcel Property Identification Number (If a parent tract, please include all numbers)

Please provide legal description of parent parcel/tract (attach extra sheet if needed)

Please state number of parcels proposed with this application: ____

Fees: (Payable to City of Marshall)

First Split/combination from unplatted parent parcel \$75.00

Each additional split/combination from parent parcel \$25.00

Splits/combination from platted lots or parcels \$50.00

Fee: \$ _____

If this is a parcel combination request – Check here _____

Please attach the following to application: (All attachments & payment must be included with application and sent to the Director of Community Services. A decision will be made within 45 days of receipt of complete application)

A. Survey or drawing showing proposed division(s) and including the following:

1. The Boundaries of the parcel as they existed as of March 31, 1997.
2. Any previous divisions made from the parent parcel after March 31, 1997
3. Location & Dimensions of the proposed divisions
4. Location of Existing and proposed road/easement rights of way
5. Existing buildings and their distance from proposed division lines.
6. Size of each proposed division (indicated in square feet or acreage)
7. Tax Certification from the County Treasurer to show no delinquent taxes.

Check here when survey or map is attached ____

B. Legal descriptions for each proposed division and any applicable easements.

AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections. I agree the statements and information contained within this application are true and if found to be false, understand that 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 of officials for 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 on the application is correct. **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 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**, 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 unless the divisions are built upon or conveyed by deed, land contract, or lease and recorded with the Register of Deeds before said changes would occur. **Finally**, it is understood that upon approval, and a recorded deed within 90 days of approval, those parcel divisions will be carried on the ensuing year's tax roll as individual parcels and that separate tax bills will be issued for each. Failure to record deeds for all approved land divisions within 90 days will require a new land division application and filing fee.

Property Owner's (Agent w/Owners Authorized Letter)

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Total # of Parcels to be created: ____

Verification of Parent Parcel/Tract and Number of Allowable Divisions (Section 108)

Total number of acres in Parent Parcel/Tract: _____

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) _____

Zoning Approved by: _____ Date: _____

Assessor Approved by: _____ Date: _____