

LAND DIVISION APPLICATION

Martiny Township

Return to: **Martiny Township, 15051 110th Ave Rodney, MI 49342** martinyassessor@gmail.com

Approval by your local municipality is required before property may be sold. Approval is required for any division of land 40 acres or less unless the division is only a property line adjustment or is a platted 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: **54-07-** _____ - _____ - _____

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]

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: [Check each of 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; **MUST SHOW:**
- ___ boundaries as of March 31, 1997
 - ___ all divisions made after March 31, 1997
 - ___ proposed division(s) with accurate dimensions shown
 - ___ existing and proposed road/easement rights-of-way
 - ___ easements for public utilities from each parcel to existing public utilities.(include statement of ability to service from utility servicing property)
 - ___ any existing improvements (buildings, wells, septic systems, driveway, etc.)
 - ___ any of the features checked in question number 5 above.

FOR OFFICIAL USE ONLY

Parent Parcel Number: 54-07- _____ File control no. _____
Name of applicant: _____ Date filed _____
Number of splits allowed by statute: _____ Number of splits requested _____
PA 116 Y N PA 260 Y N

- B. **ZONING APPROVAL:** Zoning Approval by Mecosta County Zoning Department.
- 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.
- D. **COUNTY TREASURER'S AFFIDAVIT** – Land Division Tax Payment Certification Form. This requires the certification of payment of property taxes prior to the division of land (HB 4055) form is available over the phone and in the County Building office. 231-592-0169

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. 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. FEES INVOLVED: \$100.00 made payable to Martiny Township

DO NOT WRITE BELOW THIS LINE

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

REVIEWER'S ACTION

____ APPROVED: (Conditions, if any)
 Approval by Mecosta County Zoning is needed for this to be approved.
 All attachments must be provided.
 Division approval does not guarantee a buildable site.
 Land Division Tax Payment Certification Form (Mecosta County Treasurer's Office)

____ DENIED: (Reasons)

'Land Division approval only'

Assessor's signature: _____ Date: _____