

PARCEL DIVISION APPLICATION

When this application is completed and all required documents are attached, return to: Reviewing Agent, Kawkawlin Township

1836 E. Parish Rd.
Kawkawlin, MI 48631
(989) 686-8710

CIRCLE ONE

Parcel Division See * Parcel Combination \$50 Parcel Line Adjustment \$50

Approval of a Parcel division is required before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY, ALL REQUIRED DOCUMENTS ATTACHED AND THE APPLICATION SIGNED BY THE PROPERTY OWNER FOR IT TO BE REVIEWED. When Application is returned to the Township for Review, it must be accompanied by the Application Fee.

*Total number of parcels after division times \$50.00 = Application Fee)

1. PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. APPLICANT INFORMATION (if not the property owner)

Contact Person's Name: _____

Business Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. PARENT PARCEL INFORMATION:

Address: _____

Parent Parcel Number: _____ Size of Parcel: _____

Do you own other parcels of land that are next to the parcel being split? Yes: _____ No: _____ If yes, list the Property Identification number: _____ Total Number of Parcels after Division: _____

4. FUTURE DIVISIONS (THAT MIGHT BE ALLOWED BUT NOT INCLUDED IN THE APPLICATION)

Total Number of Future Divisions: _____

Number of Future Divisions being Transferred from the Parent Parcel to Another Parcel: _____

Identify the Parcel (s) to which they are being Transferred: _____

5. DEVELOPMENT SITES ONLY

Number of New Parcels that are Intended for Building Development: _____

6. SURVEY MAP MUST INCLUDE THE FOLLOWING ITEMS AND ACCOMPANY THIS APPLICATION:

- Accurate legal description for the Parent parcel and each new parcel
- Boundaries of Parent parcel showing new parcel
- Boundaries & dimensions of the Parent parcel as of March 31, 1997
- Boundaries & dimensions of all previous divisions made after March 31, 1997
- Existing & proposed public utility easements
- Location of existing buildings, driveways and septic fields
- Will need copies of survey

7. AFFIDAVIT & PERMISSION TO ENTER THE PROPERTY FOR INSPECTIONS

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 Kawkawlin Township, Bay 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, at a time mutually agreeable with the applicant.

Finally, 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.

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 registrar of deeds within 90 days after this application is approved or the division is built upon before the changes to laws are made.

PROPERTY OWNER's

SIGNATURE: _____ DATE: _____

WITNESS: _____ WITNESS: _____

8. REVIEWER'S ACTION

Date complete application is received: _____

Fee Amount: \$ _____ Receipt# _____

Application Number: _____

Approved: Conditions, if Any: _____

Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations.

Denied: Reason for Denial: _____

IF APPROVED, APPROVAL IS VALID FOR 90 DAYS FROM DATE BELOW.

SIGNATURE: _____ DATE: _____