

LAND DIVISION APPLICATION

CITY OF CASEVILLE, HURON COUNTY

Please return or mail to: City of Caseville
City of Caseville Assessor
6767 Main St
P.O. Box 1049
Caseville, MI 48725

Phone: 989-856-2102

This form is a required filing any time the legal description of a parcel changes. It has been prepared to assist in the determination of compliance with Michigan's Land Division Act (Act 288 of 1967) as well as local Zoning ordinances. This includes changes such as property splits, combinations or lot line adjustments. Please answer all questions to ensure timely processing. While in most cases the below information will be sufficient for the required review, additional questions and documentation may be requested.

The Land Division provisions of PA 591 of 1996, section 109 of the Act, requires approval of division of Land before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment.

*A municipality shall approve a proposed division within 45 days after the **complete** filing of the proposed division application.*

1. PROPERTY OWNER INFORMATION

Name: _____ Phone: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

2. APPLICANT INFORMATION (if not the property owner)

Contact Person's Name: _____
Business Name: _____ Phone: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

3. PARENT PARCEL INFORMATION

Property Address: _____
Property Parcel Tax ID Number: _____

- Attach a copy of the Legal Description of the Parent Parcel before division.
 - Is there a mortgage on this property? Yes* ____ No ____
 - Is this property enrolled in PA116? Yes* ____ No ____ If yes, please attach a copy of the contract.
 - Is this property enrolled in CRP or CREP? Yes* ____ No ____ If yes, please attach a copy of the contract.
- *you may need a partial release from your mortgage, PA116 or CRP/REP programs.

4. PROPOSED DIVISION

Describe the division(s) being proposed:

- Number of resulting parcels: _____
- Intended use (residential, commercial, etc.) _____
- The division of the parcel provides access to an existing road by (check one):
_____ Each new division has frontage on an existing public road.
_____ A new public road, proposed road name: _____
_____ A new private road, proposed road name: _____
_____ A recorded easement (driveway), cannot service more than one site.
- Attach a legal description of the proposed new road, easement, or shared driveway.
- Attach a legal description for each proposed parcel.

5. **ATTACHMENTS** (All attachments must be included):

A survey, sealed by a professional surveyor of proposed division(s) of parent parcel, or a map drawn to scale of the proposed division(s) of the parent parcel showing:

- a. The proposed divisions.
- b. Dimensions of the proposed division(s).
- c. Existing and proposed road/easement right-of-way(s).
- d. Easements for public utilities from each parcel to the existing public utility facilities.
- e. Site plan showing any existing improvements (buildings, well, septic system, driveway, etc.) and their respective setback distances to the proposed property lines.

7. **AFFIDAVIT:**

I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL SHALL BE VOID. FURTHER, I AGREE TO COMPLY WITH CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION, LAND DIVISION ORDINANCE, THE LOCAL ZONING ORDINANCE, AND THE STATE LAND DIVISION ACT, P.A. 288 OF 1967 AS AMENDED (PARTICULARLY BY P.A. 591 OF 1996) MCL 560.101 et seq.

FINALLY, I UNDERSTAND THAT IF ANY OF THE ABOVE ORDINANCES OR STATUTES ARE AMENDED PRIOR TO THE DIVISION BEING RECORDED WITH THE REGISTER OF DEEDS, I MAY BE SUBJECT TO ANY AMENDED CHANGES INCLUDING ANY AMENDMENTS THAT MAY AFFECT CONSTRUCTION ON ANY PARCEL DIVISION.

PROPERTY OWNERS SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

REVIEWER'S ACTION: APPROVED or DENIED by the designated Township reviewer:

Signature: _____ Date ____/____/____

Comments: _____

TOWNSHIP/COUNTY ZONING ADMINISTRATOR ACTION: APPROVED or DENIED

Signature: _____ Date ____/____/____

Comments: _____

HURON COUNTY TREASURER

250 EAST HURON AVE. COUNTY BUILDING

ROOM 204

P.O. BOX 69

BAD AXE, MICHIGAN 48413-0069

Debra McCollum
TREASURER

PHONE (989) 269-9238

FAX (989) 269-0002

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID: _____

Attach the description of the parcel to be divided

CERTIFICATION DENIED

The Huron County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____ If Received by: _____

CERTIFICATION APPROVED

Pursuant to House Bill 4055, The Huron County Treasurer's Office certifies that all property taxes and special assessments due on the parcel or tracts subject to the proposed division for the five (5) years preceding the date of the application have been paid.

Certified By: _____ Date Certified: _____