

Parcel Division Application

You MUST answer all questions and include all attachments, or this will be returned to you. Please return this form (signed) along with all applicable documents to the township hall for processing.

Approval of a division of land is required before it is sold, when a new parcel is less than 40 acres

This form is designed to comply with Sec. 108 and 109 of the Michigan Land Division Act. Approval of a division is not a determination that the resulting parcel(s) comply with other ordinances or regulations.

PARENT PARCEL IDENTIFICATION NUMBER: _____

ADDRESS: _____

PROPERTY OWNER: Name: _____

PROPERTY INFORMATION (Questions pertain to parent parcel prior to split)

1. Acreage of parcel: _____
2. Did this parcel exist as a separately owned parcel on the tax roll prior to March 31, 1997? _____
 - 2(a). If no, when was the parcel created _____
 - 2(b). Were division rights deeded to this parcel upon creation (see deed) _____
 - 2(c). Has this parcel been split since March 31, 1997 _____ If so, how many times _____
3. Parcel has an existing dwelling. _____
4. Parcel has existing access drive. _____
5. Parcel has existing outbuilding(s). _____
6. Parcel has easement access for public utilities (i.e. gas, electric, etc.) _____

PROPOSED DIVISION(S) INFORMATION (Questions pertain to newly created parcels):

* Each proposed parcel of 10 acres or less, has a depth to width ratio no greater than 4 to 1. _____

* Each parcel has a width of not less than 150 feet. _____

* Each parcel has an area of not less than 2 acres. _____

1. Number of new parcels to be created _____
2. Intended use (residential, commercial, etc.) _____
3. Each parcel provides access to at least ONE of the following:
 - A) _____ frontage on an existing public road
 - B) _____ frontage on a new private road (county approval letter must accompany form)
 - C) _____ frontage on an easement (legal description of easement must accompany form)
4. Child parcels (new parcels being applied for) will receive _____ rights to split newly created parcels. ****Allocated right to make future divisions must appear on deed to new owner to be legal****

ATTACHMENTS- ALL of the following are attached with this application.

- _____ A. scaled drawing complying with requirements of P.A. 132 of 1970 as amended or a survey **(preferred)** showing the location of all structures and distance to boundaries.
- _____ B. Approval or permit from Sanilac County Road Commission
- _____ C. Approval letter from utility company(s)
- _____ D. Copy of current deed
- _____ E. Payment for split(s)

CONTACT INFORMATION: Name: _____

Mailing address: _____

Phone number: _____

Email: _____

AFFIDAVIT and permission for Speaker Township official(s) to enter 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 the municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance and the State Land Division Act (formerly the subdivision control act P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996 and P.A. 87 of 1997), MCL 560.101 et seq.) and does not include any representation or conveyance of rights in any other statute, build code, zoning ordinance, deed restrictions, or property rights.

Finally, even if this division is approved, I understand 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 approval again) unless deeds representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

PROPERTY OWNER'S SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ **TOTAL FEE \$** _____ **CHECK #** _____ **CASH** _____

REVIEW OF PARCEL APPLICATION:

TREASURER: _____ **APPROVED** _____ **DENIED** _____ **DATE** _____

_____ **CURRENT TAXES** _____ **PREVIOUS YEARS TAXES** _____ **OTHER**

ZONING ADM: _____ **APPROVED** _____ **DENIED** _____ **DATE** _____

DENIAL REASON: _____

ASSESSOR: _____ **APPROVED** _____ **DENIED** _____ **DATE** _____

The following information is provided as a courtesy for obtaining approval or permit from the local agencies and due to the nature of business some phone numbers may change from time to time.

COUNTY ROAD COMMISSION

35 North Flynn St

Sandusky, MI 48471

(810)648-2185

(810)648-5810 Fax

PUBLIC UTILITIES

DTE Macomb Center Northeast Region (586)412-4750 (586)412-4780 (586)412-4781 Fax

Thumb Electric Cooperative, Inc. (810)648-2185 (810)648-5810 Fax

SEMCO Energy Co. (currently required only for property located on M-19, M-90 or Galbraith Line Rd west of M-19)

They will require a copy of the property survey and Property Tax ID number

(810)887-3026



Trudy M. Bowers
Sanilac County Treasurer
60 W. Sanilac, Room 204
Sandusky, MI 48471
Phone (810) 648-2127 Fax (810) 648-5479
tnicol@sanilacounty.net

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number: _____

Attach a description of the parcel to be divided

CERTIFICATION DENIED

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

Delinquent Taxes Owed: _____

CERTIFICATION APPROVED

Pursuant to House Bill 4055, the Sanilac County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the City, Village or Township Treasurer.

Certified by: _____ Date Certified: _____

****Please return to Shelly Baumeister, Assessor, at sbaumeister@hotmail.com, when form is completed****