

CHIPPEWA TOWNSHIP LAND DIVISION/COMBINATION APPLICATION

Bring or mail application to: Andrea Roberts, Assessor, Chippewa Township PO Box 26, Chippewa Lake, MI 49320

Physical Address: Chippewa Township Hall 19171 4th Street, Chippewa Lake, MI 49320

Approval by your local municipality is required before property may be sold. Approval is required for any division/combination of land 40 acres or less unless the division is just a property line adjustment or is a platted lot. Per 2019-PA-0023. Per the Land Division Act, Act 288 of 1967, 560.109, the municipality shall approve or disapprove a proposed division within 45 days after filing a complete application for the proposed division with the assessor.

1. LOCATION OF PARENT PARCELS TO BE SPLIT/COMBINED:

Street Number: _____ Road Name: _____
Parent Parcels Property/Parcel ID Number: _____
Attached Legal Description of parent parcel(s) _____

2. PROPERTY OWNER INFORMATION:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

3. APPLICANT INFORMATION (if different than property owner):

Contact Person Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____

4. LAND DIVISION/COMBINATION PROPOSAL: (Describe the division(s) or combination(s) being proposed)

- A. If doing a land division how many parcels are being proposed: _____
B. Intended Use (residential, commercial, etc.): _____
C. Attach Legal Description of the new parcel (s), along with a survey of the new parcels.

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 _____ is within a flood plain
_____ includes slopes more than twenty five percent (1.4 pitch or steeper)
_____ is known or suspected to have an abandoned well, underground storage tank or contaminated soils.

A. Plat combinations is for tax purposes only. If you want to change the plat you have to contact a lawyer and petition the State of Michigan to change the plat map.

B. If the division includes a platted area and a portion of a lot is being split the request MUST be approved by the Township Board at the following Township Board meeting. The Township approval must be included with this application.

6. ATTACHMENTS: (All attachments MUST be included) Letter each attachment as designated below

A. A SURVEY, sealed by a professional surveyor of proposed division(s) of parent parcel; **SURVEY MAP MUST SHOW:**

1. CURRENT BOUNDRIES
2. ALL PREVIOUS DIVISIONS MADE AFTER MARCH 31, 1997
3. PROPOSED DIVISION(S) WITH ACCURATE DIMENSIONS SHOWN
4. EXISTING AND PROPOSED ROAD/EASEMENT/RIGHT-OF-WAY
5. EASEMENTS FOR PUBLIC UTILITIES FROM EACH PARCEL TO EXISTING PUBLIC UTILITY
6. ANY EXISTING IMPROVEMENTS (buildings, wells, septic systems, driveways, etc.) AND ANY OF THE FEATURES CHECKED IN QUESTION NUMBER 5 ABOVE.

B. ZONING APPROVAL: SIGNED ZONING APPROVAL BY MECOSTA COUNTY ZONING DEPARTMENT ****NO LAND DIVISION/COMBINATION APPLICATION SHALL BE APPROVED WITHOUT A SIGNED ZONING CLEARANCE PERMIT.**
FOR YOUR ZONING CLEARANCE PERMIT PLEASE CONTACT THE ZONING ADMINISTRATOR AT 14485 NORTHLAND DRIVE, BIG RAPIDS, MICHIGAN OR PHONE @ (231) 529-0105

C. PROPERTY TAX CERTIFICATE: SIGNED BY MECOSTA COUNTY TREASURER ****NO LAND DIVISION/COMBINATION APPLICATION SHALL BE APPROVED WITHOUT A SIGNED PROPERTY TAX CERTIFICATE (ATTACHED).**
FOR YOUR PROPERTY TAX CERTIFICATE PLEASE CONTACT THE MECOSTA COUNTY TREASURER AT 400 ELM STREET, BIG RAPIDS, MICHIGAN OR PHONE @ (231) 529-0169.

7. AFFIDAVIT AND PERMISSION FOR MUNICIPAL, COUNTY AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS:

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 combination under applicable State and Local regulations. Deed or 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 combination is proposed for purposes of inspection to verify that the information on this application is correct.

ALL PROPERTY OWNER(S)

SIGNATURE/DATE: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

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REVIEWER'S ACTION:

____ **APPROVED: (CONDITIONS IF ANY)** _____

____ **DENIED: (REASONS)** _____

____ **DATE:** _____

ANDREA ROBERTS, CHIPPEWA TOWNSHIP ASSESSOR

As of: January 1, 2023

S h e r r y E a r n e s t
C O U N T Y O F M E C O S T A
O F F I C E O F T H E T R E A S U R E R
4 0 0 E L M S T R E E T , B I G R A P I D S , M I 4 9 3 0 7
P h o n e (2 3 1) 5 9 2 - 0 1 6 9
www.mecostacounty.org searnest@mecostacounty.org

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number: _____

Certification Fee \$5.00 per parcel

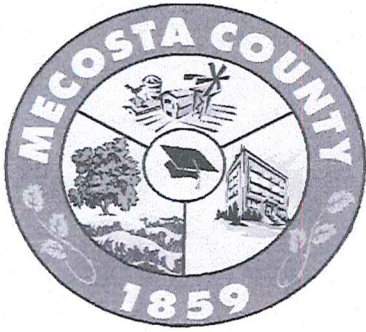
Attach a description of the parent parcel/parcels to be divided/combined

Pursuant to House Bill 4055(2019), the Mecosta 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. **A Certification Fee of \$5.00 is due and payable to Mecosta County Treasurer, 400 Elm St., Big Rapids, MI 49307.**

Owner Signature: _____

Date: _____





Mecosta County
Building & Zoning
14485 Northland Drive
Big Rapids, MI 49307
Phone: 231-592-0105
Fax: 231-592-0176

Email: building@mecostacounty.org

Property Split Application

Property Owner: _____

Contact Information:

Address: _____

Phone: _____

Parcel to be Split:

Parcel Number: _____

Address: _____

Number of Splits: _____

Please provide us with a drawing showing the size and dimensions of each new property created.

There is a \$10.00 charge per split

Any questions feel free to call the office.

Property Owner's Signature

Date

Staff's Signature of Approval

Date