

**MECOSTA COUNTY LAND DIVISION APPLICATION
CHIPPEWA TOWNSHIP**

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 of land 40 acres or less unless the division is just 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:

Street Number: _____ Road Name: _____

Parent Parcel Property ID Number: _____

Legal Description of Parent Parcel (attach extra sheet if needed): _____

2. PROPERTY OWNER INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: **MI** 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 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 _____ 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.

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; **OR** a map/drawing drawn to a legible scale of proposed division(s) of parent parcel. **SURVEY OR 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 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 APPLICATION SHALL BE APPROVED WITHOUT A SIGNED PROPERTY TAX CERTIFICATE.
 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 division 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 division is proposed for purposes of inspection to verify that the information on this application is correct.

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) _____

 ANDREA ROBERTS, CHIPPEWA TOWNSHIP ASSESSOR

DATE: _____