

**Charter Township of Grayling**

2090 Viking Way PO Box 521

Grayling, MI 49738

Tel: (989) 348-4361 Fax: (989) 348-6713

Application for Land Division/Split or Land Combination

In accordance with the Michigan Land Division Act

(formerly the Michigan Subdivision Control Act, P.A. 288 of 1967)

**SECTION I – LAND DIVISION/SPLIT** (to be filled out by applicant)

Application Date \_\_\_\_\_

PROPERTY OWNER INFORMATION

Name of Property owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_

Preferred phone number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

PARCEL (PARENT) TO BE SPLIT INFORMATION

Parent parcel property tax ID number 040-\_\_\_\_\_

Location (address) of parent parcel \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current zoning of parent parcel \_\_\_\_\_

Parent parcel legal description Twp.# \_\_\_\_\_ Range# \_\_\_\_\_ Section# \_\_\_\_\_

PROPOSED DIVISION(S) INFORMATION

Number of new parcels requested \_\_\_\_\_

Means of access to new parcel(s)

Driveway off adjacent public road \_\_\_\_\_

Easement across other private property \_\_\_\_\_

Name of adjacent road \_\_\_\_\_

Name(s) of private property owners whose property easement will cross

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUTURE DIVISIONS/SPLITS

If you are transferring future division rights from the parent parcel to child (split) parcels, please indicated how many divisions you are transferring to each parcel (This information must be included on the deeds for each parcel, when a new deed is created or it will not be valid)

Parcel# \_\_\_\_\_ # of future divisions \_\_\_\_\_

Parcel# \_\_\_\_\_ # of future divisions \_\_\_\_\_

Parcel# \_\_\_\_\_ # of future divisions \_\_\_\_\_

Parcel# \_\_\_\_\_ # of future divisions \_\_\_\_\_

ATTACHMENTS

A. \_\_\_\_\_ A survey done within the prior 6-months showing each proposed division, legal descriptions of each, all easements to each parcel, all current buildings, roads, rivers/lakes, and any other outstanding features.

B. \_\_\_\_\_ Copy of warranty deed showing proof of ownership.

C. \_\_\_\_\_ Copy of most recent tax bill or receipt, showing all property taxes paid in full.

D. \_\_\_\_\_ Short letter giving township officials permission to enter the property for inspection purposes (does not include permission to enter buildings).

E. \_\_\_\_\_ Land Division Tax Payment Certification Form. **Must** be certified by County Treasure

PROPERTY OWNER ACKNOWLEDGEMENT

I agree that the statements made above are true to the best of my understanding. If found to not be true, this application and any approval will be void.

I understand that it is my responsibility to ensure and provide proof that all aspects of the Michigan Land Division Act have been strictly followed prior to submitting this application.

I agree to comply with conditions and regulations provided in the Michigan Land Division Act concerning this division, and have followed all such regulations and conditions in submitting this application regarding number of divisions and future rights to divide all parcels. Further, I agree that both parent and child parcels do and will comply with any other local or state regulations, statutes and ordinances currently in place and that this division does not include any representation or conveyance of rights in any other statute, ordinance, deed restriction or other property rights.

I agree that any outstanding special assessments will remain with the parent parcel and that future special assessment adjustments could be applied to one or all the divisions.

If approved, I agree to register this division with the Crawford County Register of Deeds.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Section II- **COMBINATION OF PARCELS** (to be filled out by applicant)

Application date \_\_\_\_\_

PROPERTY OWNER INFORMATION

Name of property owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Preferred phone number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

PARCELS TO BE COMBINED

Parcel #1 property tax ID number 040-\_\_\_\_\_

Parcel #2 property tax ID number 040-\_\_\_\_\_

Parcel #3 property tax ID number 040-\_\_\_\_\_

(Include a list of other parcels with tax ID #s if you are combining more than three parcels)

Location (address) of main parcel

\_\_\_\_\_  
\_\_\_\_\_

Current zoning of all parcels \_\_\_\_\_

Main parcel legal description Twp.# \_\_\_\_\_ Range# \_\_\_\_\_ Section# \_\_\_\_\_

Means of access to new combined parcel

A. Driveway off adjacent public road \_\_\_\_\_

B. Easement across other property \_\_\_\_\_

Name of adjacent road \_\_\_\_\_

Name(s) of private property owners whose property easement will cross

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS

- A. \_\_\_\_\_ A survey done within the prior 6-months showing the combination with a new legal description and all easement, all current buildings, roads, rivers/lakes, and any other outstanding features.
- B. \_\_\_\_\_ Copy of warranty deed showing proof of ownership.
- C. \_\_\_\_\_ Copy of most recent tax bills or receipts, showing all property taxes paid in full on each parcel to be combined.
- D. \_\_\_\_\_ Short letter giving township officials permission to enter the property for inspection purposes (does not include permission to enter buildings).
- E. \_\_\_\_\_ Land Division Tax Payment Certification Form. Must be certified by County Treasure

PROPERTY OWNER ACKNOWLEDGEMENT

I agree that the statements made above are true to the best of my understanding. If found to not be true, this application and any approval will be void.

I agree that any outstanding special assessments applied to any of the parcels to be combined, will remain with the parcel after combination and that future special assessment adjustments may be applied.

If approved, I agree to register this combination with the Crawford County Register of Deeds.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY GRAYLING CHARTER TOWNSHIP OFFICIALS**

Accepted for review by \_\_\_\_\_

Date of acceptance \_\_\_\_\_

Date division/combination must be approved or denied (date of acceptance + 45 days)  
\_\_\_\_\_

Division(s)/Combination meets all current zoning standards Yes \_\_\_\_\_

For Land Division, a non-refundable fee of \$ 75.00 for each newly created parcel has been paid by the applicant and a receipt for such payment has been issued. Yes \_\_\_ Date paid: \_\_\_\_\_

For Combination, a non-refundable fee of \$ 25.00 total has been paid by the applicant and a receipt for such payment has been issued. Yes \_\_\_ Date paid: \_\_\_\_\_

After reviewing, it is the determination of the Charter Township of Grayling, under the authority granted by the various statutes of the State of Michigan, and ordinances which currently exist concerning the regulation of land divisions, lot splits, or land combinations, that the requested division/splits or combinations described in this application have been:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for denial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special instructions to property owner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature if reviewing official \_\_\_\_\_

Title of reviewing official \_\_\_\_\_ Date \_\_\_\_\_

Copy mailed/emailed to property owner \_\_\_\_\_

Copy inserted in property file \_\_\_\_\_

# COUNTY OF CRAWFORD

200 West Michigan Ave.

Grayling, MI 49738

989-344-3231 or 989-344-3204

Fax: 989-344-3223

**Kate M. Wagner, County Treasurer**

Heather Malone, Chief Deputy County Treasurer

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## 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

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### CERTIFICATION DENIED

The Crawford 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 Crawford 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: \_\_\_\_\_