

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: 989-348-5743

kwagner@crawfordco.org

jharris@crawfordco.org

Kate Wagner, County Treasurer

Jamie Harris, Chief Deputy County Treasurer

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 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: _____