



LAND DIVISION APPLICATION

Without separate Zoning Approval will not guarantee a building site.

Bring mail to: City of White Cloud P.O. Box 607, White Cloud, MI 49349

Approval by your local municipality is required before property may be sold. Approval [by both Assessor & Zoning Administrator] is required for any division of land 40 acres or less unless the division is just a property line adjustment or is a plated lot.

Name and address where form is to be sent when review is completed:

1. LOCATION of parcel to be split:

Address: _____

Parent Parcel Number: ____ - ____ - ____ - ____

Legal description of parent parcel (attach extra sheet if needed):

2. PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Contact Person's Name: _____

Business Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

LAND DIVISION PROPOSAL: [Describe each division(s) being proposed, **Including remainder**]

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: [Answer with a Yes or No the following that represents a condition existing on any part of the parcel]

_____ is riparian or littoral (river or lakefront property?) _____ includes a wetland?

_____ includes slopes more than 25% (1 to 4 pitch or steeper)? _____ is within a flood plain?

_____ 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. SURVEY, sealed by a professional surveyor or proposed division(s) of parent parcel; OR a **MAP/DRAWING**

- boundaries as of March 31, 1997.
- all divisions made after March 31, 1997.
- proposed division(s) with accurate dimensions shown.
- proposed division(s) marked at site.
- existing and proposed road/easement rights-of-way (66 ft.)
- easements for public utilities from each parcel to existing public utilities.
- any existing improvements (buildings, wells, septic systems, driveway, etc.)
- any of the features answered with a Yes in question number 5.

B. ZONING APPROVAL: A separate Zoning Permit will be needed before any type of building can be started.

C. HEALTH DEPARTMENT APPROVAL: This is needed if water & sewer service is not available to the parcel.

Signed by Health Department approval for on site water supply and sewage disposal.

7. **AFFIDAVIT** and permission for municipal, county and state officials to enter the property for inspection:

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 under all applicable State and Local regulations. **Deed and 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. See Item 8.** 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

Property Owner's Signature: _____ Date: _____

8. **RIGHT TO FARM & LAND DIVISION WORDING-** This property may be located within the vicinity of farmland or farm operation. Generally accepted as agricultural aid management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

When doing a Land Division you must insert a number on the blank line in the following when it appears on the deed. **The grantor grants to the Grantee the right to make the _____ divisions under the Land Division Act, Act No. 288 of the Public Acts of 1967.**

9. **FEES INVOLVED-** Application fee is \$25 plus \$10 for each new parcel number. Check must be clear for approval to be valid. Make Check payable to City of White Cloud and return with this application to: City of White Cloud, PO Box 607, White Cloud, MI 49349

DO NOT WRITE BELOW THIS LINE

Number of New Parcels: _____ Total Fee: _____

Receipt No: _____

REVIEWER'S ACTIONS

 APPROVED:

Assessor's Signature: _____ Date: _____

Zoning Admin Signature: _____ Date: _____

(Conditions if any): _____

 DENIED:

Assessor's Signature: _____ Date: _____

Zoning Admin Signature: _____ Date: _____

(Reasons): _____