

**LAND DIVISION APPLICATION
CITY OF LESLIE
602 W. BELLEVUE/POB 496
LESLIE, MI 49251-0496
Phone# 517-589-8236
Fax# 517-878-6868**

You MUST answer all questions and include all attachments, or this will be returned to you. Bring or mail your application to the City at the above address. Please be aware that land divisions/parcel splits may take up to 30 days to be approved.

Approval of a division of land is required before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment. Property Line Adjustment change need approval for the purpose of keeping the property records current and correct. On the lines below, fill in where you want this form sent, when the review is completed.

This form is designed to comply with applicable local zoning, land division ordinances and Sec 109 of the Michigan Land Division Act (formerly the subdivision control act, P.A. 591 of 1996.) MCL 560.101 et. seq.

1. LOCATION of parent parcel to be divided: Address #: _____ Street Name: _____

Parcel No. 33-17-14-_____ Legal description of Parent Parcel (attach extra sheet if necessary)

2. PROPERTY OWNER Information, if different than applicant:

Name: _____ Phone No.: _____

Address: _____

City, State, Zip: _____

3. APPLICANT information (if not property owner)

Contact Person's Name: _____ Business Name: _____

Address: _____ Phone No.: _____

City, State, Zip: _____

Mortgage and Tax Information

Does the property currently have a mortgage? Yes _____ No _____

Are there any liens on this property? Yes_____ No_____

Are there any delinquent property taxes on this property? Yes_____ No_____

4. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING

- A. Number of new parcels: _____(\$100 First parcel, \$50 Every parcel after the First)
- B. Intended use of new parcel: ie ;(residential, commercial, etc.) _____
- C. The division of the parcel provides access to an existing public road by: (check one)
 - ____ Each new division has frontage on an existing public road
 - ____ A new public road
 - ____ A new private road 66 feet in width, for one or more buildable lot(s)
- D. Attach a legal description of any proposed new road.
- E. Attach a **survey and new legal description** for each proposed new parcel and the remaining portion of the parent parcel.

5. FUTURE DIVISIONS BEING TRANSFERRED being transferred from the parent parcel to another parcel. Indicate the number transferred _____ (See section 109(2) of the statute. Make sure your deed includes both statements as required in 109 (3 & 4) of the statute)

6. ATTACHMENTS: (All attachments must be included). Identify each attachment as shown here.

1. A survey, sealed by a professional surveyor at a scale of no less than 1" = 200' of proposed division(s) of parent parcel;

OR

2. A map/drawing to scale of no less than 1" = 200', of proposed division(s) of parent parcel and waive the 45 day time limit by signing here: Signature: _____

The survey or map must show:

- (1) current boundaries and
- (2) all previous divisions made after March 31, 1997 (indicate when made or none)
- (3) the proposed division(s), and
- (4) dimensions of the proposed divisions, and
- (5) existing and proposed road/easement rights-of-way, and
- (6) easements for public utilities from each parcel to existing public utility facilities, &
- (7) any existing improvements (buildings, wells, septic system, driveways ...) &
- (8) any or the features checked in question number 4

3. An evaluation/indication that approval will occur for service by a public water system or a well permit for potable water if public water is not available, for each proposed parcel.

4. Include applicable fee.

IMPROVEMENTS: Describe any existing improvement (buildings, well, septic, etc.) which are on the parent parcel, and location in relation to new property lines, or indicate none

AFFIDAVIT and PERMISSION for municipal, county and state officials to enter the property for inspections:

I hereby agree that the statements made above are true, and if found not to be true this application and any approval will be void.

Further, I agree to comply with the condition and regulations provided with the parent parcel division.

Further, I agree that all parcels must meet zoning requirements and City ordinances.

Further, I agree to give permission for officials of the 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 of the application is correct at a time mutually agreed with the applicant.

Further, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 ~ and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Further, I understand that all existing special assessments will remain with the parent parcel or may be paid in full before the land division is approved. I also understand that taxes will not be prorated by the Assessor's or Treasurer's office of this municipality.

Finally, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed, the divisions made here must comply with the new requirements unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds of Ingham County or the division is built upon before the changes to the law are made. (If the above is not accomplished, I realize there will be a need for the land division to be processed again.)

Property Owner's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Reviewer's Action: Total fee received: \$ _____ Check No. _____

Application Completed: Date _____ Application Number: _____

___ Approved: Conditions, if any:

Denied: Reasons:

Signature _____ Date _____

Zoning Administrator: Review Date: _____ Signature _____

___ Approved: Conditions, if any:

Denied: Reasons:

Public Service Dept.: Review Date: _____ Signature _____

___ Approved: Conditions, if any:

Denied: Reasons:

Fire Department: Review Date: _____ Signature _____

___ Approved: Conditions, if any:

Denied: Reasons:

When complete please return to the Assessor!