White Oak Township Land Division Application

| Application number: | | | | | |
|--|--|--|--|--|--|
| Date Received: | Amount Paid: | | | | |
| | estions and include all attachments, or this appl | | | | |
| White Oak Township Zoning Administrator | | | | | |
| | 1002 S. M-52 | | | | |
| | Webberville, MI 48892 | | | | |
| Fill in the name and address w | d is required before a parcel is sold. here you want this form sent when the review is completed: | | | | |
| Name: | | | | | |
| Address: | | | | | |
| | | | | | |
| | applicable local zoning, land division ordinances and Section 109 of the Mi 67, as amended (particularly by P.A. 591 of 1996). MCL 560.101 et seq.) | chigan Land Division Act (formerly the | | | |
| LOCATION of parent parc Address: | el to be split: | | | | |
| Parent Parcel Tax I.D. nur | mber: <u>3 3 - 1 2 - 1 2</u> | | | | |
| Legal description of Parent Parcel (attach extra sheets if needed): | | | | | |
| Degar description of Farence Fa | voi (utuacii extra silectis ii ilocaea). | | | | |
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| 2. PROPERTY OWNER Info | rmation: | | | | |
| Name: | Phone: | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| 3. APPLICANT Information (if not the property owner, please provide written authorization from owner): | | | | | |
| Contact Person's Name: | | | | | |
| Business Name: | Phone: | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| C. The division of the E | | k one): | | | |
| 5. FUTURE DIVISIONS: | | | | | |
| A. How many divisions are available on the parent parcel? | | | | | |
| B. How many divisions are remaining after processing of this application? | | | | | |
| C. Are any future divisions being transferred from the parent parcel to another parcel? Circle yes or no. (If yes, please attach completed form L-4260a "Notice to assessor of transfer of the right to make a division of land" for each child | | | | | |

parcel to receive division rights.)

White Oak Township Land Division Application (Page 2 of 3)

| 6. DEVELOPMENT SITE LIMITS. Check each item below that represents a condition that exists on the parent parcel. Is any part |
|---|
| of the parcel: |
| A. Riparian or littoral (river or lake front parcel)? |
| B. A wetland? |
| C. A beach? |
| D. Within a flood plain? |
| E. Slopes more than twenty five percent (a 1:4 pitch or 14* angle) or steeper? F. On muck soils or soils known to have severe limitation for on site sewage systems. |
| G. Known or suspected to have an abandoned well, underground storage tank or contaminated soils? |
| G. Known of suspected to have an abandoned well, underground storage tank of containmated sons: |
| 7. ATTACHMENTS (All attachments must be included). Letter each attachment as shown here. |
| A. A survey sealed by a professional surveyor at a scale of (insert scale) of proposed division of parent |
| parcel. |
| The survey or map must show: |
| (1) Boundaries as of March 31, 1997 |
| (2) All divisions made after March 31, 1997 (indicate when made or none) |
| (3) The proposed divisions covered under this application, with dimensions and complete legal descriptions for |
| all parcels. |
| (4) Existing and proposed road/easement rights-of-way |
| (5) Easements for public utilities from each parcel to existing public utility facilities |
| (6) Location on proposed division of all existing improvements (buildings, wells, septic system, driveway, etc.) |
| (7) All features checked in question number 6. |
| B. A soil evaluation or septic system permit for each proposed parcel prepared by the Ingham County Health |
| Department (call 517-887-4312), or each proposed parcel is serviced by a public sewer system. |
| C. An evaluation/indication of approval will occur, or a well permit for potable water for each proposed parcel |
| prepared by the Ingham County Health Department (call 517-887-4312), or each proposed parcel is serviced by a |
| public water system. |
| D. Indication of approval, or permit, from Ingham County Road Commission (call 517-676-2200) or MDOT (517- |
| 373-7680) for each proposed driveway or new road. |
| E. A copy of any transferred division rights in the parent parcel (see 5.C above). |
| F. Application fee of \$150 for each division (i.e. one child parcel = \$150 - two child parcels = \$300) |
| G. Other (please list) |
| |
| IMPROVEMENTS Describe any existing improvements (buildings, well, septic, etc.) that are on the parent parcel or indicate none (attach additional sheets if needed): |
| |
| 9. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections: |
| I agree the statements 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 conditions and regulations provided with this parent parcel division. 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 on the application is correct at a time mutually agreed with the applicant. Finally, 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 et. Seq.), and does not include any representation or conveyance of rights |
| in any other statute, building code, zoning ordinance, deed restriction, or other property rights. |
| Finally, even if this division is approved, I understand zoning, local ordinances, and State Acts change from time to time, and if changed the division made here must comply with the new requirements (apply for division approval again) unless deeds, land contracts, leases, or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made. |
| Property Owner's Signature Date: |

White Oak Township Land Division Application (Page 3 of 3)

| DO NOT WRITE BELOW THIS LINE | | | | | | |
|-----------------------------------|--------------|----------------|-----------------------|--|--|--|
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| TOWNSHIP ACTION: | | | | | | |
| Approval: Conditions, if any: | | | | | | |
| Denial: Reasons: | | | | | | |
| | | | | | | |
| Signature and Date: | | | | | | |
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| FOR ASSESSOR'S USE: | | | | | | |
| Parent Parcel Info: Parcel Number | Acreage/Area | Current S.E.V. | Current Taxable Value | | | |
| 1 dicei Number | Acteage/Atea | Current S.E.V. | Current Taxable Value | | | |
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| Child Parcel Info: | Γ | Г | | | | |
| Parcel Number | Acreage/Area | Current S.E.V. | Current Taxable Value | | | |
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| TOTALS (MUST BALANCE | | | | | | |
| TO PARENT) | | | | | | |