

Little Traverse Township

8288 S. Pleasantview Road, Harbor Springs, Michigan 49740 * 231 526-0351 * Fax 231 526-0352

Date Received _____

Fee \$ 100.00

Paid \$ _____

LAND DIVISION APPLICATION

Approval of a division of land is required before it is executed. Approval of a division is not a determination that the resulting parcel (s) comply with other ordinances or regulations.

Please answer ALL questions and include attachments. Incomplete applications will not be accepted. The Township Supervisor reviews land division applications received on or before the 10th of each month. Submit information to: Little Traverse Township Supervisor, 8288 S. Pleasantview Road, Harbor Springs, Michigan 49740

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

APPLICANT INFORMATION (If other than property owner)

Name: _____

Business Name: _____ Phone: _____

Address: _____

LOCATION OF PARENT PARCEL

Address: _____

24-08-16-_____-_____-_____

Parent Parcel Tax ID Number: _____

Legal Description of Parent Parcel (attach separate sheet if necessary):

ITEMS REQUIRED BY TOWNSHIP	Done (X)
1. Proof that you are the owner of this parcel	
2. The legal description on the parcel you want to divide	
3. Legal description of all parcels created, including parent.	

4. A copy of all existing easements that affect this parcel (Easements include those for access, utilities, etc.)
5. Descriptions of all new easements that will affect the parcels.
6. If any of the new parcels created will front on a new or shared private street or easement, you must provide in writing who will be responsible for its operation and maintenance.
7. A letter of approval or permit from the County Road Commission or MDOT that sites or easements that provide vehicular access to an existing road or street meet applicable location standards.
8. For divisions less than ½ acre in size a letter of approval by the County Health Dept. or DEQ that the site will support a well if public water is not available.
9. For divisions less than ½ acres in size a letter of approval by the County Health Dept. or DEQ that the site will support a septic system if public sewers are not available.
10. If you intend to attach future division rights to a new parcel you must provide a completed state tax commission form L-4260 "Notice to assessor or transfer of the right to make a division of land"

Please submit (3) copies of a map with the following information:

1. The map must be completed by a person determined to be qualified to complete it.
2. It should show all new and any previous division to the parent parcel which occurred since March 1, 1997.
3. If the parent parcel is 3 acres or less the scale should be 1 inch equals 20 feet. If the parent parcel is over 3 acres the scale should be 1 inch equals 100 feet.
4. It should be dated, have a north arrow, name, address and phone of person or firm which completed the map, seal or signature if completed by Engineer or Surveyor.
5. It should show lot lines and their dimensions. The location of any buildings, structures easements and drives.
6. It should show the location of any conditions which limit the site's development, if any were noted.
7. It should show the site's topographical features at a minimum of 10 foot intervals.
8. One (1) copy of the map should also have the following: Fire Department acknowledgement that any easements or shared drives meet current width requirements for ingress and egress of emergency vehicles.

PROPOSED PLAT/PLAT AMENDMENT/DIVISION/SUBDIVISION/EXEMPT SPLIT/PROPERTY TRANSFER

Plat Name: _____

Number of New Parcels/Lots: _____

Intended use of property: _____

Proposed access: _____

Zoning: _____

Any future land divisions being reserved? If yes, for whom? (make sure deed includes both statements).

DEVELOPMENT SITE LIMITATIONS

Does any parcel have lake or river frontage?

Y/N

Is any parcel located in a flood plain?

Y/N

Does any parcel include a wetland?

Y/N

Does any parcel have slopes 25% or greater?

Y/N

Describe any existing improvements (structures, well, septic, etc.) or natural features on the parent parcel.

AFFIDAVIT

I (we) declare that the statements and information submitted in this application are in all respects true and correct to the best of my (our) knowledge. I (we) agree to comply with the conditions and regulations provided with this parent parcel division/split/transfer. I (we) give permission for officials of Little Traverse Township or the State of Michigan to enter the property for purposes of inspections. I (we) understand that this is only a parcel division/split/transfer, which conveys only certain rights under the applicable local land division ordinance and the State Land Division Act and does not include any representations or conveyance of rights in any other statute, building code, zoning ordinances, deed restriction or other property rights. I (we) understand that local zoning ordinances and state acts change from time to time. If changed, the division/split/transfer made here must comply with the requirements in effect at the time of division/split/transfer unless deeds representing the approved divisions are recorded with the Register of Deeds or the division/split/transfer has been issued a building permit and built upon before the changes to the laws are made.

Property Owner Signature:		Date:
Applicant Signature		Date:
Township Recommendation:		