

MORTON TOWNSHIP LAND DIVISION APPLICATION

Bring or mail application to: Morton Township, 290 W. Main St. - P. O. Box 2 - Mecosta, MI 49332

Approval by your local municipality is required before property may be sold. Approval is required for any division of land 40 acres or less unless the division is just a property line adjustment or is a platted lot.

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

1. LOCATION of parent parcel to be split:

Address: _____ Road Name: _____

Parent parcel number: 54-__ __ - __ __ __ - __ __ __ - __ __ __

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

2. PROPERTY OWNER INFORMATION:

Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Contact Person's Name: _____

Business Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

4. LAND DIVISION PROPOSAL: (Describe each division(s) being proposed)

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: (Check each of the following that represents a condition existing on any part of the parcel).

___ is riparian or littoral (river or lake front property). ___ includes a wetland
___ includes slopes more than twenty five percent (1.4 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. A survey, sealed by a professional surveyor of proposed division(s) of parent parcel: OR , a map/drawing drawn to a legible scale of proposed division of parent parcel. Survey or map must show:

- (1) current boundaries (as of March 31, 2017)
- (2) all previous divisions made after March 31, 2017
- (3) proposed division(s) with accurate dimensions shown
- (4) existing and proposed road/easement rights-of-way
- (5) easements for public utilities from each parcel to existing public utilities
- (6) any existing improvements (buildings, wells, septic systems, driveways, etc.) and any of the features checked in question number 5 above.

B. ZONING APPROVAL: (Signed zoning approval by appropriate zoning official).

C. HEALTH DEPARTMENT APPROVAL: (Signed Health Department approval for on-site-water supply and sewage disposal).

D. COUNTY TREASURER’S AFFIDAVIT: (Treasurers affidavit can be obtained over the phone @ 231.592.0169 for a fee of \$5.00)

7. If a split crosses section lines, quarter lines, eighth lines, subdivision lines, or site condominium lines, there SHALL be a separate legal description for each portion of the split complete with the amount of acreage contained therein.

8. There shall also be a revised legal description for the Parent Parcel, provided by the applicant.

9. 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 division under all applicable State and Local regulations. Deed or other conveyance will include statements required by Public Acts 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. 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 for purposes of inspection to verify that the information on the application is correct.

Property Owner’s Signature _____ Date _____
Print Name _____

DO NOT WRITE BELOW THIS LINE

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TOTAL FEE \$ _____ RECEIPT NO. _____

REVIEW’S ACTION

_____**APPROVED:** (Condition if any)_____

_____**DENIED:** (Reason)_____

Reviewers Signature _____ Date _____
Print Name _____