



GRAND HAVEN CHARTER TOWNSHIP  
13300 168th Avenue • Grand Haven, Michigan 49417 • Phone: 616.842.5988 • Fax: 616.842.9419

# REQUEST FOR LAND DIVISION

You **MUST** answer all questions and include all attachments.  
Bring or mail to: 13300 168th Ave., Grand Haven, MI 49417

Name:	This form is designed to comply with applicable local Zoning and Land Division ordinances and §108 and §109 of the Michigan Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended particularly by P.A. 591 of 1996 and P.A. 87 of 1997), MCL 560.101 et seq. It does not purport, however, to meet all issues that a local unit may want to address.
Address:	
City, State, Zip:	
E-Mail:	

1. **LOCATION** of parent Parcel to be divided:  
 Address: \_\_\_\_\_  
 Parent Parcel Number: \_\_\_\_\_ CURRENT ZONING: \_\_\_\_\_  
 Legal Description of Parent Parcel: (attach extra sheets if needed) \_\_\_\_\_

2. **PROPERTY OWNER** Information: (full name(s) from deed for owners) --Information must be provided for every owner of a fee interest. In addition, if the property is subject to a land contract, provide information for the vendor and vendee.  
 Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

3. **APPLICANT** Information: (if not the PROPERTY OWNER)  
 Contact Person's Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

4. **PROPOSAL:** Describe the division(s) being proposed

(1) Number of new parcels \_\_\_\_\_

(2) Intended use \_\_\_\_\_

(3) How will the proposed division provide access (check one)

\_\_\_ Each new parcel has \_\_\_\_\_ feet of frontage on an existing public road

\_\_\_ Each new parcel has \_\_\_\_\_ feet of frontage on a new public road

\_\_\_ A new private road or easement, proposed road name: \_\_\_\_\_

\_\_\_ A recorded easement (driveway) (Cannot service more than 2 potential sites.)

(4) Municipal water: Will any of the new parcel(s) be serviced by municipal water? \_\_\_\_\_.  
 If yes, where will the service line(s) be located? (indicate on survey/map).

(5) Write here, or attach, a legal description of any proposed new road or easement (attach extra sheets if needed):

\_\_\_\_\_

\_\_\_\_\_

(6) Write here, or attach, a legal description for each proposed new parcel: \_\_\_\_\_

\_\_\_\_\_

5. **FUTURE DIVISIONS** of the retained portion of the Parent Parcel that may be created, but are not included in this application? \_\_\_\_\_

(1) Did the parent parcel have any unallocated divisions under the Land Division Act? \_\_\_\_\_

(2) Were any unallocated divisions transferred to any (child) parcel(s) created from the parent? \_\_\_\_\_

If so, How many? \_\_\_\_\_

Identify the parcel any future division(s) are transferred to: \_\_\_\_\_

(See section §109(2) of the Statute. Make sure your deed includes both statements as required in section §109(3) and §109(4) of the Statute.

6. **DEVELOPMENT SITE LIMITS**

\_\_\_\_\_ is in a DNR-designated critical sand dune area

\_\_\_\_\_ is riparian or littoral (it is a river or lake front parcel)

\_\_\_\_\_ is affected by a Great Lakes High Risk Erosion Area setback

\_\_\_\_\_ includes a wetland

\_\_\_\_\_ includes land in PA 116- the state Farmland Preservation Program

\_\_\_\_\_ is within a floodplain

\_\_\_\_\_ includes slopes more than twenty five percent (a 1:4 pitch or 14 angle) or steeper

\_\_\_\_\_ includes poorly and/or very poorly drained soils, a high groundwater table, high bedrock or other conditions known to have severe limitations for onsite sewage systems.

\_\_\_\_\_ is to result in a parcel of less than 1 acre for which onsite water supply and sewage disposal systems must be reviewed and approved by the local health department in accordance with MI Administrative Code before a building permit can be issued (section §109a(1),§105(g), R560.401-428)

\_\_\_\_\_ is known or suspected to have an abandoned well, underground storage tank, or soil or groundwater contamination.

If yes, is the property subject to environmental restrictions? **Y/N**

7. **REQUIRED INFORMATION/ATTACHMENTS** (all **must** be included)

**A. Survey or map that shows** (with corners of the new parcels visibly marked)

- (1) Boundaries (as of March 31, 1997), 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, including area and square footage (excluding any ingress/egress right of way easements), and
- (5) Existing and proposed road/easement rights-of-way, and
- (6) easements for public utilities from each parcel to existing public utility facilities, and
- (7) Any existing improvements (buildings, wells, septic system, driveways, pools, sheds, etc.) and **DISTANCE OF BUILDINGS FROM LOT LINES MUST SHOW ON MAP**
- (8) Any of the features checked in part 6 (above)
- (9) any cemetery, which is adjacent to, or may have access through this parcel

**B. A copy of the proposed Deed(s) with legal descriptions**

**C. Indication of approval, or permit from County Road Commission or GHT Fire Department, for each proposed new road, easement or shared driveway. Roadway maintenance agreement will be required (provide a copy of Agreement) if the creation of a private road will be part of this application.**

**D. Evidence of all interest of fee ownership or land contract vendee interest.**

**E. A copy of any transferred division rights [§109(4) of the Act] in the Parent Parcel.**

**F. Certificate from the County Treasurer indicating the last 5 years of property taxes/special assessment have been paid or apportioned by the township.**

**G. Application fee of \$\_\_\_\_\_ (Contact Township for Fee Schedule)**

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

I agree 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 conditions and regulations of the Land Division Act. 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. 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, amended by P.A. 87 of 1997), 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.

Further 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 (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.

Finally, I understand that if this division is approved, it is only for the matters covered in this Application. State Tax Commission Form L-4270a must be filed within 45 days of the transfer of the property to be divided, when rights to make a land division are transferred.

Signature(s) of Owner(s):

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Applicant(s): (if not Owner(s))

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Reviewer's Action: \_\_\_\_\_ Total: \$ \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Survey:  
Firm \_\_\_\_\_ Date \_\_\_\_\_

Approval:

Public Works \_\_\_\_\_ Date \_\_\_\_\_

Zoning \_\_\_\_\_ Date \_\_\_\_\_

Fire Rescue \_\_\_\_\_ Date \_\_\_\_\_

Assessor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved: Conditions (per local ordinance standards), if any: \_\_\_\_\_

\_\_\_\_\_ Denied: Reasons (cite§): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_