

**ROCK RIVER TOWNSHIP
ALGER COUNTY, MICHIGAN**

LAND DIVISION APPLICATION # LDA-____ - ____

You MUST answer all questions and include all attachments or this will be returned to you.

Bring or mail to: Rock River Township Assessor, PO Box 195, Chatham, MI. 49816, phone (231)350-0463.

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 (S102 (e & f)).

1. **LOCATION** of parent parcel to be split:

Address: _____ Parent parcel number: 02-0____ - ____ - ____ - ____

Legal description of parent parcel (describe or attach): _____

2. **PROPERTY OWNER** information:

Name: _____ Phone: (____) _____ - _____

Mailing Address: _____

3. **APPLICANT** information (if not the property owner):
(this address will receive the approval/denial of this application)

Name: _____ Phone: (____) _____ - _____

Mailing Address: _____

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

A. Number of new parcels: _____

B. Intended Use: _____

C. Depth to width ratio (must not exceed 4:1): _____

D. The division of the parcel must provide access to an existing public road by: (check one)

___ Each new division has frontage on an existing public road.

___ A new public road, proposed road name: _____
(cannot duplicate an existing road name)

___ A new private road, proposed road name: _____
(cannot duplicate an existing road name.)

___ A recorded easement (driveway).

E. Write here, or attach a legal description of the proposed new road, easement or shared driveway: _____

F. Write here, or attach a legal description for each proposed parcel: _____

G. Development Site Limits: (check each conditions which exists on the parent parcel):

___ Waterfront property ___ Within a flood plain ___ Includes woodlands ___ Includes a beach

___ Has soils known to have severe limitations for on site sewage systems

5. **FUTURE DIVISIONS** being transferred from the parent parcel to another parcel. Indicated number being transferred: _____

Details of division rights transfer: _____

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

6. **ATTACHMENTS:** All attachments **must** be included. Please letter each as described.

___ A. Map(s), drawn to scale, of the proposed division(s) of the parent parcel showing:

- (1) current boundaries (as of March 31, 1997)
- (2) all previous divisions made after March 31, 1997 (indicate when made or none)
- (3) the proposed divisions(s)
- (4) dimensions of the proposed division(s)
- (5) existing and proposed road/easement right-of-way(s)
- (6) easements for public utilities
- (7) any existing improvements (building, wells, septic systems, driveways, etc.)
- (8) easements for public utilities from the site to existing public utilities
("development parcel" only)

___ B. A soil evaluation or septic system permit for each proposed parcel prepared by the Health Department. An evaluation or indication that approval will occur, or a well permit for potable water for each proposed parcel prepared by the Health Department. (required for issuing of a building permit if new parcel is less than one acre in size)

___ C. An indication of approval or permit from the permitting governmental entity, for each proposed new road, easement or shared driveway.

___ D. Proof of all due and payable taxes or installments of special assessments pertaining to this land are paid in full.

___ E. A fee of 50.00 for the first split and \$25 for each split thereafter. Make checks payable to Rock River Township.

7. **IMPROVEMENTS:** Describe any existing improvements (buildings, well, septic, etc.), which are on the parent parcel, or indicate none. _____

8. **Parcel Size Requirements:** Each Proposed parcel must comply with all dimensional requirements of the Rock River Township Zoning Ordinance.

9. **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 provided with this land division application. Further, I agree to give permission for officials of Rock River Township, Alger County and State of Michigan to enter the property where this land division is proposed for purposes of inspection. Finally, I understand this is only a land division, which conveys only certain rights under the State's Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended, particularly by P.A. 591 of 1996, as amended), 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 divisions made here must comply with the new requirements (apply for division approval again) unless deeds representing the approved divisions are recorded with the Register of Deed or the division is built upon before the changes to laws are made.

Applicant's Signature _____ Date _____

Property Owner's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Reviewer's action

_____ Approved: Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations.

Conditions, if any: _____

_____ Denied: Reasons: _____

SIGNATURE OF APPROVING OFFICIAL

Township Assessor _____ Date _____



County of Alger

LAND DIVISION TAX PAYMENT CERTIFICATION

NAME: _____ PHONE: _____

OWNER'S ADDRESS: _____

PROPERTY ADDRESS: _____

PROPERTY CITY, STATE & ZIP: _____

CURRENT YEAR & 5 YEARS PRECEDING PARCEL ID #: _____

ATTACH A LEGAL DESCRIPTION OF THE PARCEL TO BE DIVIDED

[] CERTIFICATION DENIED

The Alger County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: \$ _____

[] CERTIFICATION APPROVED

Pursuant to House Bill 4055, the Alger County Treasurer's Office certifies that all property taxes and special assessments due on the above referenced parcel subject to the proposed division for five years preceding the date of the application have been paid. This certification does not include taxes or special assessments, if any, now in the process of collection by the Village/City or Township Treasurer.

Alger County Treasurer _____ Date Certified _____

Certification Fee of \$5.00 collected: Check _____ Cash _____ Credit Card _____

PAM JOHNSON, TREASURER
101 COURT ST. MUNISING, MI 49862 (906) 387-4535
pjohnson@algercounty.gov