



P.O. Box 157
10405 Merrill Road
Hamburg, Michigan 48139

PLD _____ - _____

LAND COMBINATION/DIVISION AND BOUNDARY ADJUSTMENTS APPLICATION

***NOTICE: NO LAND DIVISIONS WILL BE COMPLETED UNTIL ALL TAXES BILLED ARE PAID IN FULL WITH A CERTIFICATE FROM LIVINGSTON COUNTY TREASURER! ***

ONCE COMBINED, PARCEL MAY NOT BE SPLIT IN THE FUTURE, UNLESS ALL TOWNSHIP REQUIREMENTS ARE MET.
(If you have any questions, please contact your attorney)

<u>METES AND BOUNDS PARCELS</u> (parcels Not in Subdivisions)	<u>PLATED LOTS OF RECORD</u> (Lots in Subdivisions)
<input type="checkbox"/> Combination	<input type="checkbox"/> Combination of Entire Lots along existing platted lot lines
<input type="checkbox"/> Division into: _____ # Parcels	<input type="checkbox"/> Separation of Entire Lots along existing platted lot lines
<input type="checkbox"/> Boundary Adjustment	<input type="checkbox"/> Division/Combination of portions of existing platted lots of record
	<input type="checkbox"/> Boundary adjustment

PROPERTY INFORMATION:

Tax Code Number(s): _____

Street Address: _____

Zoning District: _____

IS/ARE PARCEL(S) IN A SPECIAL ASSESSMENT DISTRICT:

- No - Yes: - Road - Drainage - Sewer

ROAD/DRIVWAY INFORMATION:

- An existing road, named: _____, which is a County Road or Private Road, will serve as access to the resulting parcel(s).

- A new road, to be named: _____, which will be a County Road or Private Road, will serve as access to the resulting parcel(s).

- Access to parcels: Each parcel does or does not have its own individual driveway for access off the above road.

- Road variances from the Private Road Ordinance will be required from the Township Board.

- Driveway variances from **Section 36-337** of the Zoning Ordinance / Private Road Ordinance will be required from the Township Zoning Board of Appeals / Township Board.

- Shared Access Driveway: Attached is proposed Deed Restriction showing shared access driveway language to be recorded.

STRUCTURES CURRENTLY ON THE PARCEL(S)/LOT(S): (Check all that apply)

- None (Vacant)

- Residential:

- House - Garage - Fence - Shed - Pole Barn - Gazebo - Pool

- Commercial/Industrial:

Number of Buildings: _____ - Storage Lot _____ - Other: _____

SURVEY INFORMATION:

A SEALED SURVEY BY A REGISTERED SURVEYOR IS REQUIRED FOR ALL LAND DIVISIONS / COMBINATIONS WITH THE EXCEPTION OF COMBINATIONS OF PLATTED LOTS OF RECORD IN A SUBDIVISION.

NAME OF SURVEYOR: _____

SURVEYING FIRM NAME: _____ SURVEY NUMBER: _____

ADDRESS: _____

PHONE: _____ FAX _____

DATE OF SURVEY: _____

DESCRIBE NATURE OF DIVISION/COMBINATION OF PARCEL/LOTS BEING REQUESTED (USE ADDITIONAL SHEET IF NECESSARY):

OWNER/APPLICANT INFORMATION: Please provide proof of ownership (any or all deeds, land contracts) pertaining to the property being combined/split/or adjusted.

Name(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

I/We acknowledge that I/we have read **General Ordinance 18-133** Land Divisions, Combinations, and Boundary Adjustments.

I am/We are the legal owner(s) of record of the above-listed parcel(s)/lot(s) and hereby request that it be divided/combined into individual legal descriptions with newly designated tax code numbers.

(NOTE: All owners of record must sign!)

I/We acknowledge that property transferred may be encumbered by mortgage holders and may cloud the title after a transfer.

I/We acknowledge that I/we have read the Procedures for Parcels within Special Assessment Districts Document.

Owner Signature Date

Owner Signature Date

Owner Signature Date

Owner Signature Date

FEES DUE: \$100 per parcel/lot that requires preparation of a new tax identification card. Exception: No charge for combination of existing metes & bounds parcels/platted lots of record for tax purposes only.

\$ _____ Due Date Paid: _____ Receipt No.: _____

DEPARTMENTAL APPROVALS

(FOR OFFICE USE ONLY)

ZONING

Yes **No**

- Well approved / Sanitary Sewer Requirements?
- A site inspection is required.
Inspection Date: _____
- Driveway requirements are met.
- Recommend approval.
- Additional requirements: _____

Zoning Administrator: _____ **Date:** _____

TREASURER

Yes **No**

- As of _____ ,
(Date of approval)
Township Records show that all taxes billed to date on the above referenced parcel(s) have been paid to date.
- 'Certificate of Paid Taxes' issued by Livingston County Treasurer received.
- This parcel is in the _____ Special Assessment District.
- Owner name(s) match application.

Treasurer/Deputy Treasurer: _____ **Date:** _____

UTILITIES

Yes **No**

- This parcel is in within a Special Assessment District.

Describe special assessments and their distribution:

Utilities Coordinator: _____ **Date:** _____

ACCOUNTING

Yes **No**

- Distribution of assessments has been allocated.
- Payoff of assessments has been made.

If yes, describe the assessment and payoff, and if any remain, describe:

Accounting Clerk: _____ **Date:** _____

DEPARTMENTAL APPROVALS

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SUPERVISOR

Yes No

- Recommend approval.
- Special Conditions: _____

Supervisor: _____ **Date:** _____

ASSESSOR

Yes No

- These properties are able to be split/combined.
- Ownership records are in order.
- Accurate survey.
- Accurate legal descriptions.
- Additional requirements: _____

Assessor: _____ **Date:** _____

New Parcel Number(s): _____ .

_____ .