

MONTROSE TOWNSHIP

11444 N. Seymour Rd.,
Montrose, MI 48420
Phone - 810-639-2021 - Fax - 810-639-3207

Fees: \$150 per split (metes & bounds)
\$25 per each split over two (2)

APPLICATION FOR LAND DIVISION

This form is designed to comply with Sec. 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 et. seq)

1. APPLICANT INFORMATION

Name(s): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Parcel I.D. Number (s): _____ Any Due or Unpaid Taxes: Yes: _____ No: _____

2. PARENT PARCEL INFORMATION

Parcel Number (s): _____
Parcel General Location: _____ Section No. _____
Current Zoning of Parent Parcel: _____ (Attach Parent Parcel Legal Description)

3. PROPOSED DIVISIONS

Number of Splits Proposed: _____ Intended Use of the Property:

Residential	Commercial	Industrial	Agricultural
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The Division of the parcel provides to an existing public road by: _____ (check one)
_____ Each new division has frontage on an existing public road(s).
_____ A public road, approved by the Genesee County Road Commission. Name: _____
_____ A private road or easement approved by the Planning Commission. Name: _____

Attach Legal Descriptions and a Survey for all the Proposed Splits of the Parent Parcel.

4. FUTURE DIVISIONS

_____ Are there any future divisions being transferred from the parent parcel to a proposed new parcels?
_____ Number of future divisions being transferred to the first proposed split.
_____ Number of future divisions being transferred to the second proposed split.
_____ Number of future divisions being transferred to the third proposed split.

Make sure your deed(s) includes both statements as required in Section 109 (3) and 109 (4) of the Statute.

5. AFFIDAVIT and permission for Township Officials to enter the property for inspections:

I/We agree the statements made above are true and if found not to be true this application and any approval will be void. I/We further agree to comply with the conditions and regulations provided with this parent parcel division and give permission for Township Officials to enter the property where this parcel division is proposed for the purpose of inspection to verify that the information on the application is correct. I/We also understand this is only a parcel division which conveys only certain rights under the applicable local zoning ordinance, and the State Land Division Act, Public Act 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/We 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 unless deeds, land contracts, leases or surveys representing the approved division are recorded with the Register of Deeds and the division has been issued a new parent parcel number by the Township Assessor.

Property Owner's Signature: _____ Date: _____

REQUIRED ATTACHMENTS FOR DIVISION APPROVALS

- A. A survey, sealed by a professional surveyor at a minimum scale of 1" = 300' of proposed division(s) of parent parcel.

The survey or map must show the following:

1. Boundaries of the parent parcels
 2. Boundaries of all proposed parcels
 3. Dimensions of the proposed divisions and parent parcel
 4. Existing and proposed road/easement rights-of-way
 5. Existing and proposed easements for public utilities for all parcels
 6. Any existing improvements (buildings, wells, septic systems, driveways, etc.)
 7. Locations of any existing natural features such as wetlands, river, steep slopes, etc.
- B. A soil evaluation or septic system permit for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public sewer system. – **New Builds Only!! *If not building right away, an affidavit signed and dated by the owner/buyer(s) stating that they will not hold Montrose Township responsible should the parcel be deemed not be suitable for building.**
- C. An evaluation/indication of approval will occur, or a well permit for potable water for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public water. – **New Builds Only!! *If not building right away, an affidavit signed and dated by the owner/buyer(s) stating that they will not hold Montrose Township responsible should the parcel be deemed not be suitable for building.**
- D. Indication of approval, or permit from the County Road Commission, MDOT, for each proposed new road, easement or shared driveway.
- E. A copy of any transferred division rights in the parent parcel.
- F. A certification of PAID taxes from Genesee County Treasurer in compliance with PA 23 of 2019(House Bill 4055). – **SEE ATTACHED**

FOR TOWNSHIP USE ONLY:

Date Received: _____ Fee Paid: _____
Number of splits: _____ Number of splits allowed under Act 591: _____
Received by: _____
Date Completed: _____ Approved: _____ Not Approved: _____
Split Approved by: _____
Comments/Conditions: _____



GENESEE COUNTY TREASURER
DEBORAH L. CHERRY
1101 BEACH STREET
FLINT MI 48502-1475
HOURS M-F 8:00-4:30
(810) 257-3054

Land Division Act 288 of 1967, MCL 560.109(1) (i) Certification

TAX YEAR	TAX. VALUE	BASE TAX	BASE TAX DUE	INTEREST/FEES DUE	TOTAL DUE	LAST PMT
2018	1,225	159.10	0.00	0.00	0.00	02/01/19
2017	1,200	155.73	0.00	0.00	0.00	01/10/18
2016	1,300	163.22	0.00	0.00	0.00	12/11/17
2015	1,300	162.96	0.00	0.00	0.00	02/26/16
2014	1,300	161.61	0.00	0.00	0.00	02/01/16
2013	1,300	157.85	0.00	0.00	0.00	02/03/15
2012			0.00	0.00	0.00	
0			0.00	0.00	0.00	
TOTAL			0.00	0.00	0.00	

Property Number: 41-05-279-033

Property Address: LEITH ST

Unit: CITY OF FLINT

FLINT

Owner Name: SHAW, CARL R

Taxpayer Name: SHAW, CARL R

DESCRIPTION OF PROPERTY

THE HILLS-MACPHERSON PLAT LOTS 85, 86 AND 87 COMB ON 11/16/2012 FROM 41-05-279-031, 41-05-279-032, 41-05-279-003,

SAMPLE OF CERTIFICATION NEEDED

PRE Denial Amt: 0.00

I hereby certify, based upon the records in my office, that there are no tax liens, delinquent taxes, or special assessments against the above description for the 5 years preceding the date of this instrument. This certification does not include taxes, if any, now in the process of collection by the City, Village, or Township Treasurer.

Deborah L. Cherry

Requested by JOHN SMITH
1101 SAGINW STREET
FLINT MI 48502

Prepared by
As Of: 09/27/19

scan
CR