Acme Township

Application for Land Combination/Divisions And Boundary Adjustments

NOTICE: **No Land division/combination will be completed until all taxes billed are paid in full.** Acme Township shall approve or disapprove a proposed division **within 45** days after the filing of a **complete** application (all attachments must be submitted before it is considered complete) for the proposed division with the assessor or other municipally designated official.

Application is hereby made for the following:

Metes and Bounds Parcels

[__] Combination
[__] Division into _____ parcels
[__] Boundary Adjustment

Platted Lots of Record

[__] Combination of entire lots
[__] Separation of entire lots
[__] Division/combination of portions of lots
[__] Boundary Adjustment

Property Information

Tax Identification Number(s): 2801-_____-_____-_____

2801-_____-_____-_____

2801-_____-_____-_____

Property Address:

_____

The division of the parcel provides access as follows:

Each new division has frontage on an existing public road?	[__] No	[__] Yes
New Private Road Access?	[__] No	[__] Yes
A Recorded Easement?	[__] No	[__] Yes

Note: 1) A perk test is required for any parcel being created under one (1) Acre prior to any final approval under Section 560.109a of the Land Division Act.

Structures currently on the parcel(s)/lot(s):

[__] Vacant
[__] House
[__] Accessory Building
[__] Commercial/Industrial

Describe the nature of the request:

_____

_____

An incomplete application will be returned.

Acme Township

Survey/Parcel Map drawn to scale along with accurate legal description Information:
A sealed survey or Parcel **shall** be submitted that complies per Acme Township Land Division Ordinance 27, Sec 5, for all land divisions/combinations and re-descriptions except for combinations involving platted lots of record.

Name Surveyor/Drafter: _____ Survey Company: _____

Date of Survey/Parcel Map: _____ Survey Number: _____

Owner Information: Applicant (If not the Owner)

(Owner Must Sign, unless a letter of representation is supplied)

Name: _____ Name: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

AFFIDAVIT and permission for municipality, 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, agree to comply with the conditions and regulation provided with this parent parcel division. Further, I agree to give permission for official of the municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspections. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division 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 and P.A. 87 of 1997), MCL 560.101 et seq.) and does not include any representation or conveyance of rights in any other stature, building code, zoning ordinance, deed restriction, or other property rights.

Finally, even if this division is approved, I understand local ordinance 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 Deeds or the division is built upon before the changes to laws are made.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Fee 1 Division:$50 +$25 for each additional parcel and $50 for combinations of properties

Total: $_____ Date Paid: _____

An incomplete application will be returned.

All the following attachments MUST be included prior to any approval.

- O A. A survey/parcel map that complies with the requirements of the Land Division Act, Sec 109 (1)(a): *Each resulting parcel has an adequate and accurate legal description and is included in a tentative parcel map showing area, parcel lines, public utility easements, accessibility, and other requirements of this section and section 108. The tentative parcel map shall be a scale drawing showing the approximate dimensions of the parcel;* Such as;
  - ➢ current boundaries (as of March 31, 1997),
  - ➢ all previous division made after March 31, 1997 (indicate when made or none),
  - ➢ the proposed division(s),
  - ➢ dimensions of the proposed divisions,
  - ➢ existing and proposed road/easement right-of-way(s),
  - ➢ easements for public utilities from each parcel to existing public utility facilities,
  - ➢ any existing improvements (buildings, wells, septic system, driveways, etc.) and
- O B. A copy of the Grand Traverse County Road Commission Land Division Application with approval and/or MDOT Approval
- O C. A Fee of _____ (1 Division $50+ $25 for each additional parcel and $50 for combinations of properties)
- O D. All property taxes and special assessments due on the parcel or tract subject to the proposed division for the 5 years preceding the date of the application have been paid, as established by a certificate from the county treasurer (PA 23 of 2019)

Note: This is issued by the Grand Traverse County Treasurer and there is a $5.00 fee.

Grand Traverse County Treasurer
400 Boardman Ave
Traverse City MI 49684
Phone: 231-922-4735

- O E. Proof of fee ownership of land; copy of deed
- O F. History and Specifications of any previous division of Parcel to be divided as of March 31, 1997.

An incomplete application will be returned.

For Township Use Only:

Date Complete Application Received: _____

Acme Township has _____ the Land Division for parcel

40-___-_____-_____-_____ for the _____ tax year.

Please NOTE:

Acme Township and Grand Traverse County do not do MID-Year splits therefore for the remainder of the _____ tax year the parent parcel(s) will be billed.
Approval of a division is not a determination that the resulting parcels comply with other Township or County Ordinances or regulations not regulated under the Acme Township Land Division Ordinance.

The Township and its officers and employees shall not be liable for approving a land division if building permits for construction on the parcels are subsequently denied because of inadequate water supply, sewage disposal facilities, dunes, wetlands and/or otherwise.

TREASURER: As of _____, 20_____, Township Records show that all taxes, Special Assessments, Fees and/or penalties billed to date on the above referenced parcel (s) have been paid.

_____
Treasurer Signature

ZONING: The proposal meets all Township Zoning and Land Use Requirements.

_____
Zoning Administrator Signature

ASSESSOR, The proposal is eligible for split, combination or re- description; all ownership records are in order; accurate survey/parcel map and description have been provided.

_____ _____
Assessor Signature Date

[__] Approved
Conditions, if any:
_____

[__] Denied
Land Division Ordinance Section: _____

HEIDI M. SCHEPPE, MBA, CPFO
GRAND TRAVERSE COUNTY TREASURER
400 BOARDMAN AVENUE, SUITE 104
TRAVERSE CITY, MI 49684-2577
(231) 922-4735 • FAX (231) 922-4658
E-MAIL: TREASURER@GRANDTRAVERSE.ORG

Land Division Tax Payment Certification

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Current Year & 5 years preceding Parcel ID Number: _____

Attach a description of the parcel to be divided

[ ] **CERTIFICATION DENIED**

The Grand Traverse 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 Grand Traverse 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 City, Village or Township Treasurer.

Certified by: _____ Date Certified: _____

GRAND TRAVERSE COUNTY ROAD COMMISSION
1881 LaFranier Road, Traverse City, MI 49686
231.922.4848 – Phone /231.929.1836 – Fax

Land Division Review Application

Date: _____ Application No: LD _____

Owner Information
Owner's Name: _____
Owner's Address: _____
Phone No: _____ Fax No: _____ Email: _____
Owner's Signature: _____

Applicant/Authorized Agent Information Check if same as above _____
Applicant's Name: _____
Applicant's Address: _____
Phone No: _____ Fax No: _____ Email: _____
Applicant/Authorized Agent Signature: _____

Property Information
Parent Parcel Identification Number: 28-_____
Township Name: _____ Section: _____ Township: _____ Range: _____
Public Road Name: _____ Private Road Name: _____
Number of Proposed Divisions: _____ Number of Divisions Available: _____

The following items must be supplied for the application to be considered complete for review:
(All items must be checked and initialed prior to acceptance of application)

☐ ___ Complete Application Form.
☐ ___ Payment of Land Division Review Application fee ($50 for first division + $30.00 for each additional parcel (minimum $80.00).
☐ ___ Certificate of Survey prepared by a Professional Surveyor (including legal descriptions).
☐ ___ Copy of deed (or other document recorded in the GTC Register of Deeds proving ownership of parcel being divided). NOTE: GTC EQUALIZATION PARCEL SHEETS ARE NOT ACCEPTABLE AS PROOF OF OWNERSHIP
☐ ___ Field staking of proposed land division corners (proposed front/roadside parcel corners only) and preferred driveway location. (Show driveway location on sketch.)
☐ ___ Sight distance shall be indicated as distance from center of driveway on above mentioned sketch.

PLEASE NOTE

For sight distance requirements see the Grand Traverse County Road Commission Right of Way Permitting and Public Road Standards, Rules, Specifications and Guidelines.

Upon completion of the Land Division Application review, the GTCRC will mail a letter of recommendation to the applicable Township Assessor.

OFFICE USE ONLY_____
Payment Type: Credit Card: _____ Cash: _____ Check: _____
Receipt:_____ Date:_____