



Acme Township

Application for Land Combination, Division, And Boundary Adjustment

6042 Acme Road | Williamsburg, MI | 49690

Phone: (231) 938-1350 Fax: (231) 938-1510 Web: www.acmetownship.org

NOTICE: No land division/combination will be completed until all taxes are paid in full

Application is hereby made for the following:

Owner Information

Name: _____

Address: _____

Phone Number: _____

I am the legal owner of record of the below listed parcel(s) / lot(s) and hereby request that it be divided/combined as presented.

Owner Signature _____ Date _____

Owner Signature _____ Date _____

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):

Street Address: _____

Zoning District: _____

Is/Are the parcel(s) in a Special Assessment District?

- No
- Yes, for Road; Sewer

Road/Driveway Information

Structures

Currently the parcel(s) or lot(s) is/contains:

- Vacant
- House
- Accessory Building
- Commercial/Industrial

Survey Information

A sealed survey shall be required for all land divisions/ combinations and descriptions except for combinations involving platted lots of record.

Name: _____

Survey Company: _____

Date of Survey: _____

Survey Number: _____

Fees

1 Division: \$50 2-4 Divisions: \$75
5-10 Divisions: \$100 11 or more Divisions: \$125

Lot Line Adjustment/Combination: \$50

Total: \$ _____ Date Paid: _____

For Office Use Only

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) / lot(s) have been paid.

Treasurer Signature _____

ZONING ADMINISTRATOR

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 and description have been provided.

Assessor Signature _____

Approved Denied



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
EMAIL: HSCHEPPE@GRANDTRAVERSE.ORG

September 18, 2019

Dear Assessors,

Important tax protections for buyers of subdivided land was signed into law recently. House Bill No. 4055 requires a property tax payment certification by the County Treasurer before any parcel of land is divided. This change ensures that taxes are paid before splits happen. It also creates clarity regarding delinquent tax payments when land is split, ensuring new owners will not receive the unpleasant surprise of responsibility for unpaid property tax bills of previous owners.

Effective September 16, 2019, the Grand Traverse County Treasurer's office will require the attached Certification to be submitted for any parcel of land that needs to be certified under House Bill No. 4055. This bill states the county treasurer will collect a fee for a certification under this subdivision in an amount equal to the fee payable under section 1(2) of 1895 PA 161, MCL 48.101, for a certificate relating to payment of taxes. This fee will be \$.20 per description of land at a minimum of \$5.00 per request which should be submitted with the certification request to the County Treasurer.

Attached is the complete House Bill No. 4055. Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Heidi Scheppe". The signature is written in a cursive style with a large initial "H" and "S".

Heidi Scheppe

Grand Traverse County Treasurer



**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: _____