

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.

Acme Township

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

<p>○ A. A survey/parcel map that complies with the requirements of the Land Division Act, Sec 109 (1)(a): <i>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;</i></p>
<p>➤ current boundaries (as of March 31, 1997),</p>
<p>➤ all previous division made after March 31, 1997 (indicate when made or none),</p>
<p>➤ the proposed division(s),</p>
<p>➤ dimensions of the proposed divisions,</p>
<p>➤ existing and proposed road/easement right-of-way(s),</p>
<p>➤ easements for public utilities from each parcel to existing public utility facilities,</p>
<p>➤ any existing improvements (buildings, wells, septic system, driveways, etc.) and</p>
<p>○ B. A copy of the Grand Traverse County Road Commission Land Division Application with approval and/or MDOT Approval</p>
<p>○ C. A Fee of _____ (1 Division \$50+ \$25 for each additional parcel and \$50 for combinations of properties)</p>
<p>○ 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)</p>
<p><i>Note: This is issued by the Grand Traverse County Treasurer and there is a \$5.00 fee.</i></p>
<p><i>Grand Traverse County Treasurer 400 Boardman Ave Traverse City MI 49684 Phone: 231-922-4735</i></p>
<p>○ E. Proof of fee ownership of land; copy of deed</p>
<p>○ F. History and Specifications of any previous division of Parcel to be divided as of March 31, 1997.</p>

An incomplete application will be returned.



**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: _____