



# TOWNSHIP OF SPRING ARBOR

107 Teft Rd, P.O. Box 250, Spring Arbor, Michigan 49283

Phone (517) 750-2800 FAX (517)750-2802

email: Assessor: jpulling@springarbor.org (or) Zoning Administrator: jan@springarbor.org

## Lot Line Adjustment APPLICATION

**Note: Application MUST be accompanied by descriptions for EVERY END RESULTING PARCEL before it can be approved.**

**Note: All taxes, current and delinquent, must be paid in full before any application can be approved.**

You MUST answer all questions and include all attachments or this application will be returned to you. You may mail, fax or bring in the application to the Township Office. The Township has 10 business days to notify you if the application is incomplete. Once the completed application is received, (with all attachments) the Township has 45 days to notify the applicant of approval or denial. The land division process is a partnership between the Township Zoning Administrator and the Township Assessor.

Approval of a land division is required before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment (§102(e&f)). This form is designed to comply with applicable local zoning, land division ordinances 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). MCL 560.101 et seq.)

LD # \_\_\_\_\_

Date Application Received \_\_\_\_\_

Amount of App Fee: \_\_\_\_\_ Date Fee Paid \_\_\_\_\_

### Applicant

Is the applicant also the owner, yes or no? \_\_\_\_\_

If no, print applicants information here.

If yes, skip the Applicant portion.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parcel # 1

PARCEL # 1 - Property ID Number \_\_\_\_\_

LOCATION of Parcel # 1 to be adjusted:

Street Address of Parcel being adjusted \_\_\_\_\_  
(if no address, street name or lot number, etc.)

OWNER OF PARCEL # 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parcel # 2

PARCEL # 2 - Property ID Number \_\_\_\_\_

LOCATION of Parcel # 2 to be adjusted:

Street Address of Parcel being adjusted \_\_\_\_\_  
(if no address, street name or lot number, etc.)

OWNER OF PARCEL # 2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. **PROPOSAL:** Describe the division(s) being proposed.

A. Number of New Parcels: (example, 1 parcel into 2, equals 2 new parcels) \_\_\_\_\_

B. Intended Use (residential, commercial, agricultural etc.): \_\_\_\_\_

2. **PROPOSAL:** Describe the division(s) being proposed.

A. Number of New Parcels: (example, 1 parcel into 2, equals 2 new parcels) \_\_\_\_\_

B. Intended Use (residential, commercial, agricultural etc.): \_\_\_\_\_

C. The division of the parcel provides access to an existing public road by: (check one)

Each new division has frontage on an existing public road.  A new private road or easement.

A new public road  A recorded easement (driveway). (Cannot service more than one potential site).

D. Attach a legal description of the proposed new road, easement, or shared driveway.

E. Attach legal description of each proposed new parcel and any remaining parent parcel.

3. **FUTURE DIVISIONS:** that might be allowed but not included in this application?

A. The number of future divisions being transferred from the parent parcel to another parcel? \_\_\_\_\_

B. Identify the other parcel: \_\_\_\_\_

(See section 109(2) of the Statute. Make sure your deed includes both statements as required in section 109(3) and 109(4) of the Statute.)

4. **DEVELOPMENT SITE LIMITS:** Check each condition which exists on any part of the parent parcel.

is in a DNR designated critical sand dune area.

is riparian or littoral (is a river or lake front parcel).

is affected by a Great Lake High Risk Erosion setback.

includes a wetland.

includes a beach.

is within a floodplain.

includes slopes more than twenty-five percent (a 1:4 pitch or 14% angle) or steeper.

is on muck soils or soils known to have severe limitations for on-site sewage systems.

is known or suspected to have an abandoned well, underground storage tank or contaminated soils.

5. **IMPROVEMENTS:** Describe any and all existing improvements (buildings, well, septic, etc.) which are on the parent parcel/s or indicate none (attach extra sheets if needed).


6. **ATTACHMENTS:** (all attachments must be included). Letter each attachment as shown here.

A. A survey, sealed by a professional surveyor of proposed division(s) of parent parcel. Survey *must* show all improvements.

**OR**

A map or drawing, (drawn to scale), of proposed division/s of parent parcel.

The survey or map must show:

- B. (1) Boundaries (as of March 31, 1997), and
- (2) All previous divisions made after March 31, 1997 (indicate when made or none), and
- (3) The proposed division(s), with complete legal descriptions of all **NEW** parcels, and
- (4) Dimensions of the proposed divisions, and
- (5) Existing and proposed road/easement rights-of-way, and
- (6) Easements for public utilities from each parcel to existing public utility facilities, and
- (7) **Any existing improvements (buildings, wells, septic system, driveways, etc.), and**
- (8) Any of the features checked in question number 3.

- C. 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.
- D. 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 system.
- E. Indication of approval or permit from County Road Commission, MDOT, or respective city/village street administrator for each proposed new road, easement or shared driveway.
- F. A copy of any transferred division rights (§109(4) of the Act) in the parent parcel.
- G. A fee of \$ 75.00
- H. Other (please list): \_\_\_\_\_

7. **AFFIDAVIT** and permission for municipal, 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, I agree to comply with the conditions and regulations provided with this parent parcel division. Further, I agree to give permission for officials of the municipality, county, and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the local zoning 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), MCL 560.101 *et. Seq.*), 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 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 (apply for division approval again) unless deeds, land contracts, leases, or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

**\*\* By signing this application, I understand that no division will be approved without the current year taxes paid by December 31st. I understand that this includes both the summer and winter taxes, regardless of when this application is filed. I understand that this approval is contingent upon these taxes being paid.**

I also understand that, in the event of a transfer of ownership or NO transfer of ownership, no division will be approved if a document such as a deed is registered at the **Jackson County Register of Deeds within 90 days of the application approval or December 31st of the current year.** If a deed is not registered timely, a new application will be required and an addition application fee applied.

OWNER - APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER # 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER # 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER # 3 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE:**

**Zoning Administrator's Action:**

Approved: Conditions, if any: \_\_\_\_\_  
 Denied: Reasons (cite §): \_\_\_\_\_

Signature and date: \_\_\_\_\_

**Assessor's Action:**

Approved: (Conditions if any, in addition to the conditions above indicated with \*\*) \_\_\_\_\_  
 Denied: Reasons (cite §): \_\_\_\_\_

Signature and date: \_\_\_\_\_