

EAST BAY TOWNSHIP PARCEL DIVISION APPLICATION

For office use only

\$115 Fee: Cash ____ Check # _____ Date Received _____ Date Approved _____

1) **Owner Name (s) :** _____

Address: _____ Phone No. _____

Email: _____

2) **Authorized Agent's Name:** _____

Address: _____ Phone No. _____

Email: _____

3) **Relationship to Owner**-please specify-(Attorney, Purchaser, Family, Other, etc...) _____

4) Does the Property have a Mortgage ____yes ____no **(if yes, please attach documentation that the mortgage company agrees to a change in their collateral.)**

5) Surveyor's Name: _____ Michigan RLS# _____

Address: _____ Phone No. _____

Fax No. _____ Email _____

6) **PROPERTY IDENTIFICATION NUMBER (PIN):** 28-03-____ - ____ - ____ - ____

Map Page # _____

7) **PROPOSAL:** Describe the proposed division(s):

a) Number of new parcels (excluding parent parcel) _____

b) Intended Use (residential, commercial, etc.) _____

c) The division of the parcel provides access as follows: (check one)

- Each new division has frontage on an existing public road.
- A new public road; proposed name: _____
(Road name cannot duplicate an existing road name)
- A new private road; proposed name: _____
(Road name cannot duplicate an existing road name)
- A recorded easement
- Is the parcel located within a special assessment district? _____

8) **FUTURE DIVISIONS** being reserved? _____ Yes _____ No for Whom? _____

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

9) **IMPROVEMENTS:** ARE THERE ANY EXISTING IMPROVEMENTS ON THE PARENT PARCEL? _____ Yes _____ No

If yes, please describe (building, well, septic, etc.) _____

10) **TOWNSHIP ZONING ORDINANCE & STATE STATUE REQUIREMENTS:**

	PROPOSED	EXISTING	REQUIRED
a. Zoning District			
b. Minimum Parcel Size			
c. Minimum Lot Width(Measured at middle of lot)			
d. Minimum Water Frontage			
e. Does not exceed front width of 1 to a depth of 4			

11) **ATTACHMENTS** (all attachments must be included) Please label each attachment accordingly.

A map, drawn to scale, of the proposed division(s) of the parent parcel. The map must be drawn by a Registered Land Surveyor (inches to feet; engineers scale only) and must include the following items:

- Current boundaries (as of 3/31/97)
- All previous divisions made after 3/31/97, please indicate the date of the division(s)
- The proposed division(s)
- Dimensions of the proposed division(s)
- Existing and proposed road/easement right-of-way
- Easements for public utilities from each parcel to existing public utility and facilities
- Any existing improvements (building, well, septic system, driveways, etc.)
- Location of **approved** septic system and well (for parcels under one (1) acre.)

Also, please attach the following information to your application:

- Proof of ownership (A copy of the title holder's recorded deed.)
- A legal description of the parent parcel.
- A legal description for each proposed new parcel.
- A legal description of the proposed new road or easement.
- Indication of approval, or permit from the **Grand Traverse County Road Commission, Michigan Department of Transportation, or the East Bay Township Zoning Administrator**, for each proposed new road or easement.
- A copy of any reserved division rights (*Sec.109 (4) of the (Act)* in the parent parcel.
- A fee of \$50.00
- Any other information that may be required by the Township Assessor and/or the Zoning Administrator.

❖ **IMPORTANT: Prior to land division approvals, in the municipal water & sewer districts, the owner of the parent parcel must pay all required municipal sewer and water fees for the parcels.**

❖ **IMPORTANT: Prior to land division approvals, all taxes owing must be paid in full. (Office Use Only: Treasurer Approval: ___ Yes ___ No, Initial _____)**

~IMPORTANT APPLICANT INFORMATION~

EAST BAY TOWNSHIP SHALL REVIEW AND TAKE ACTION ON A PROPOSED DIVISION WITHIN 45 DAYS – AFTER THE FILING OF THE PROPOSED DIVISION – PROVIDING THE APPLICATION IS COMPLETE AND ALL OF THE REQUIREMENTS ARE MET.

- ❖ The Application must be **COMPLETE** and **CORRECT** when filed.
- ❖ **ALL** required attachments must accompany the application at the time of submittal.

12) **AFFIDAVIT** and permission for Township, 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. I also agree to comply with the conditions and regulations provided with this parent parcel division, and I give permission to officials of East Bay Township, Grand Traverse County and State of Michigan to enter the property where this parcel division is proposed for purposes of inspection. Additionally, I understand this is only a parcel division which conveys only certain rights under the State Land Division (formerly the subdivision control act, P.A. 288 of 1967, as amended, MCL 560.101 et. seq.) and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, local ordinances, deed restrictions, or other property rights.

Further, I agree that pursuant to the Land Division Ordinance (attached); that all land divisions shall comply fully with all Township ordinances and by signing the application, below, I acknowledge that requirement:

Authorized Agent's Signature _____ Date ____/____/____

Property Owner's Signature _____ Date ____/____/____

DEPARTMENTAL REVIEW:

Approved: YES NO

Conditions, if any _____

Survey Number _____ Date of Survey ____/____/____

If Denied: Reasons (cite section #) _____

Senior Appraiser Signature: _____ Date ____/____/____
Assessor

Zoning Administrator Signature: _____ Date ____/____/____
Zoning Administrator

Township Supervisor Signature: _____ Date ____/____/____
Supervisor



EAST BAY CHARTER TOWNSHIP

Grand Traverse County

1965 N. THREE MILE ROAD ~TRAVERSE CITY, MICHIGAN 49686

PH: (231)947-8647 ~ FAX: (231)922-2094 ~ EMAIL: assessor@eastbaytwp.org

Certificate of Approval – Land Division Application

Applicant Name: _____

Applicant Address: _____

Parent Parcel Number: 28-03-_____ - _____ - _____

I hereby certify that the application for a Land Division is approved.

The following documents are attached hereto and incorporated herein as part of the Certificate of Approval:

1. Original Application.
2. Departmental Review Sheet.
3. Approved Survey

This approval does not grant approval for any specific uses of a parcel or property nor is it a determination that the resulting parcel(s) comply with other ordinances and regulations.

This approval is effective for 90 days from the date of this certificate, after which it shall be considered revoked unless within such period this certificate and the written instrument creating such land division(s), together with the approved survey, are recorded with the Grand Traverse County Register of Deeds Office and filed with the East Bay Charter Township Assessor.

Attachments:

- Department Review Sheet
- Original application
- Approved Survey

Assessor

Zoning Administrator

Township supervisor

STATE OF MICHIGAN COUNTY OF GRAND TRAVERSE

The foregoing instrument was acknowledged before me this _____ day of _____, 2014, by _____ Assessor, _____, Zoning Administrator and _____, Supervisor for the Charter Township of East Bay, a Michigan municipal corporation.

Notary: _____
Notary Public, Grand Traverse County, Michigan
Acting in Grand Traverse County, Michigan
My Commission expires: _____

Prepared by:
When recorded, return to:

East Bay Charter Township
East Bay Township Assessor's Office
1965 N. Three Mile Rd
Traverse City MI 49696

GRAND TRAVERSE COUNTY ROAD coptnns10N
181 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 ARE NOT ACCEPTABLE AS PROOF OF

OWNERSHIP

Field staking of proposed land division comers (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.



(231) 922-4735 • FAX(231) 922-4658

HEIDI M. SCHEPPE, MBA, CPFO .
GRAND TRAVERSE COUNTY TREASURER
400 BOARDMAN AVENUE, SUITE 104 TRAVERSE CITY, 49684-2577

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.

7 Certified by: _____ Date Certified: _____