



**Village of
Lake Isabella**

**LAND DIVISION
APPLICATION**

Property Owner's Name(s)	
Mailing Address	Parcel #
City, State ZIP	Phone #

Please indicate the current size in acres of the parcel to be divided: _____	A completed Land Division Application shall include the following items: <ul style="list-style-type: none"> <input type="checkbox"/> This form completed in full and signed. <input type="checkbox"/> A survey and legal description of each proposed parcel, including a survey and legal description for the parent parcel if it remains in any residual form or size <input type="checkbox"/> A Plot Plan showing all existing and proposed parcels, in scale including any existing structures, improvements, and easements. All parcels must conform to the Land Division Act, Village of Lake Isabella zoning code, and must have approved road access for ingress and egress. <input type="checkbox"/> The Affidavit signed and notarized <input type="checkbox"/> Draft copies of deeds to be recorded for all parcels showing accurate legal descriptions and the number of additional splits conveyed to any newly created parcel and any splits retained by the parent/residual parcel. <input type="checkbox"/> All taxes, special assessments, and liens of record at the Isabella County Treasurer's office must be current and paid in full. <input type="checkbox"/> Required fee submitted
Have there been any divisions involving this parcel since March 31, 1997? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any structures located on this parcel? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of unused divisions for the existing parcel? _____	
Are there any unused division rights being transferred to any of the new parcels? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please indicate the number being transferred and to which parcel(s): Number of Splits _____ Parcel(s) _____	
On what date did this parcel become legally existing? _____	

By signing below, the owner certifies that the information contained herein is accurate.

_____ / _____ Owner(s)	Date
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DO NOT WRITE BELOW THIS LINE - VILLAGE USE ONLY

Date All Items Received:	Application Fee:	VILLAGE OF LAKE ISABELLA OFFICIAL SEAL
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____		
Zoning Administrator Signature: _____		

**LAND DIVISION / LOT SPLIT
AFFIDAVIT**

I/We (Print or Type) _____ agree that the statements made in the parcel division application for existing parcel number _____ - _____ - _____ - _____ - _____ are fully truthful and accurate.

I/We agree to comply with the conditions and regulations contained in, and provided by, the Michigan Land Division Act and the requirements of this application.

I/We agree to give permission for a representative of the Village of Lake Isabella, Isabella County, and/or the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify the information provided in the application is correct.

I/We understand that any necessary or required easements are the fully responsibility of the property owner to acquire.

I/We understand that zoning, local ordinances, and State Acts change from time to time, and if changed, development on an approved division shall comply with applicable local ordinances and codes (including zoning), and State Acts in effect at the time of the proposed development.

I/We understand that the approval of any division by the Village of Lake Isabella does not guarantee the ability to obtain permits necessary for the construction of a structure, and the Village is not liable or responsible if such property fails to obtain a permit of any nature, including those related to on-site well and septic systems. Further, it is the sole responsibility of the landowner to satisfy the requirements of any application for zoning, building, ingress/egress, on-site well, and on-site septic systems. The Village of Lake Isabella is in no manner liable for the denial of any application once the division has been approved.

I/We agree that deeds transferring an approved division shall contain the following statement: "This property may be located within the vicinity of farm land or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors, and other associated conditions, may be used and are protected by the Michigan Right to Farm Act, as amended."

I/We agree that final deeds transferring an approved land division shall contain a statement specifying the exact number of division rights being granted under section 108 of the Land Division Act, as amended, and that a copy of said deed shall be provided to the Village of Lake Isabella once it has been recorded with the Isabella County Register of Deeds.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

STATE OF MICHIGAN }
 } ss
ISABELLA COUNTY }

On this _____ day of _____, in the year _____, before me, a Notary Public in and for the said county, personally appeared _____ known to me personally or provided personal identification and executed the above instrument for the purposes stated therein.

Notary Public, Isabella County, State of Michigan

My Commission Expires: _____