

Rollin Township

730 Manitou Rd; PO Box 296

Manitou Beach, MI 49253

Phone: 517-547-7786; Fax: 517-547-4788

Received:

APPLICATION FOR LAND DIVISION / COMBINATION / ALTERATION

Applicant Information (owner authorization required)		Owner Information (If Different)	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	E-mail Address:	Phone #:	E-mail:

PROPERTY INFORMATION	
Property Address:	Property ID #:
Total Acreage:	Property ID #:
	Property ID #:
Subdivision (If Applicable)	Property ID #:

THE FOLLOWING ACTION IS REQUESTED BY THE APPLICANT: (PLEASE CHECK ALL APPLICABLE BOXES)

DIVISION / SPLIT	<input type="checkbox"/>	MASTER DEED	<input type="checkbox"/>
COMBINATION	<input type="checkbox"/>	BOUNDARY TRANSFER	<input type="checkbox"/>
PLAT	<input type="checkbox"/>	DESC. CORRECTION	<input type="checkbox"/>

- Please note that the attached "Application Check-list" must be completed, signed, authorized and submitted along with this application before anything will be processed.
- Applications approved after May 15th, will be processed after the July 1st tax bills are paid in full. Applications approved after October 15th, will be processed after the current year winter tax bills are paid in full.
- All current and prior taxes must be paid upon date of application, or this application will not be processed.

<u>Resulting Parcels</u>	<u>RATE</u>
1ST	
2-4 (Additional)	
5+	

<u>Units</u>	<u>RATE</u>
1ST	
2-4 (Additional)	
5+	

Applicant Signature Title (Owner/Agent/Other) Date

By signing this I authorize Township Representatives to be on my property to verify facts relating to the survey, buildings, utilities, etc.

.....
This section is for Official Use Only

	<u>DATE</u>	<u>SIGNATURES</u>
Zoning Action Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Assessor's Action Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Township Board Action Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A <input type="checkbox"/>	_____	Board Minutes Attached

MCL 560.109 (1) A municipality shall approve or disapprove a proposed division/combination/transfer within 45 days after the filing of a complete application for the proposed division with the assessor or other municipality designated official.

APPLICANT CHECK LIST

- Copy of Receipt **Application Fee Paid**
- Copy of Receipt **Address Fee Paid** (If Necessary)
- A-1
Including: **Parent Parcel Property Survey / Description**
(Existing Property Configurations Labeled as A-1, B-1, C-1,...)
Legal descriptions should be labeled in similar manner Parcel dimensions, tax ID #'s, addresses and roads Buildings and land improvements - (Locations & setbacks)
Area calculations should clearly reflect gross, net, actual and proposed County drains, floodways & floodplains, utility & access easements and ROW's
- A-2
Including: **Child Parcel Property Survey / Descriptions**
(New property configurations labeled as A-2, B-2, C-2...)
Legal descriptions should be labeled in a similar manner Parcel dimensions, addressed and roads
Building and land improvements - (locations & setbacks)
Area calculations should clearly reflect gross, net, actual and proposed County drains, floodways & floodplains, utility & access easements and ROW's
- Revised Forms **P.R.E - Principle Residence Exemptions Forms**
Be aware that PRE's are specific to the parcel numbers.
If the original parcel numbers change, the applicant is responsible to **RESCIND** the parent (old) number, and file a new form using the child (new) parcel number(s).
- Copy of Receipt **Proof of Paid Taxes / Special Assessments**
- Copy **Release of Lien from Mortgage Company**
- Deed **Proof of Ownership or Letter of Authorization** (If requested)

Please note that the applicant or authorized representative must sign below to acknowledge that the requirements listed on this check list have been satisfied.

The owner/applicant understands that any pro-rated assessed value and taxable values established by the assessor are for the purpose of allocating the proportionate share of the current year values for the following year.

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Signature

Date

Title (Owner/ Agent)

ROLLIN TOWNSHIP - SPLIT / COMBINATION FLOW SHEET 2018

Parent Parcel(s) - Original

Parcel Number	Taxpayer / Owner	Property Address	Class	Acreage	2018 SEV	2018 TV	DDA/TIFA/Base	PRE / QA %
TOTAL								

Child Parcel(s) (Created and/or Resulting)

Parcel Number	Taxpayer / Owner	Property Address	Class	Acreage	2018 Allocated SEV	2018 Allocated TV	DDA/TIFA/Base	PRE / QA %
TOTAL								

Split / Combination Data Processing Verification

**** For Internal Use Only****		**** For Internal Use Only****		Date				
<input type="checkbox"/>	Application	<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	INCOMPLETE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Split / Combination Application Fee	<input type="checkbox"/>	PAID	<input type="checkbox"/>	DUE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Address Fee	<input type="checkbox"/>	PAID	<input type="checkbox"/>	DUE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	A -1 Parent Parcel Survey / Desc.	<input type="checkbox"/>	COMPLETE	<input type="checkbox"/>	INCOMPLETE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	A-2 Child Parcel Survey / Desc.	<input type="checkbox"/>	COMPLETE	<input type="checkbox"/>	INCOMPLETE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Rescind / Revised PRE Forms	<input type="checkbox"/>	RECINDED	<input type="checkbox"/>	FILED	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Proof of Paid Taxes / Special Assessments	<input type="checkbox"/>	PAID	<input type="checkbox"/>	DUE	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Release of Lien from Mortgage Company	<input type="checkbox"/>	PAID	<input type="checkbox"/>	PAID	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Proof of Ownership	<input type="checkbox"/>	PROVIDED	<input type="checkbox"/>	REQUIRED	<input type="checkbox"/>	VERIFIED	_____
<input type="checkbox"/>	Letter of Authorization	<input type="checkbox"/>	PROVIDED	<input type="checkbox"/>	REQUIRED	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Data Input into BS&A	<input type="checkbox"/>	ENTERED	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Mapping GIS	<input type="checkbox"/>	ENTERED	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	N/A	_____
<input type="checkbox"/>	Processed File Exported to Gov. Agencies	<input type="checkbox"/>	ENTERED	<input type="checkbox"/>	PENDING	<input type="checkbox"/>	N/A	_____

Cities, Counties, Utilites, Postal Service, ETC.