

# TUSCARORA TOWNSHIP

## PARCEL DIVISION APPLICATION

You **MUST** answer all questions and include all attachments, or this will be returned to you.  
Bring or mail to:

Township Assessor  
3546 S. Straits Highway  
P.O. Box 220  
Indian River, MI 49749

Approval of a proposed division of land is required when the new parcel is less than 40 acres and not just a property line adjustment (Sec. 102(e&f)).

Applicant must include certification from Cheboygan County that all taxes are paid.

Fill in below where you want this form sent when the review is completed.

Name \_\_\_\_\_ This form is designed to comply with Address \_\_\_\_\_  
\_\_\_\_\_ applicable local zoning, land division City, State Zip \_\_\_\_\_  
\_\_\_\_\_ ordinances and Sec. 109 of the Michigan Land Division  
(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 any subsequent amendments.)

### 1. LOCATION of parcel to be split:

Parent parcel/tract: \_\_\_\_\_ Redivision: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parcel Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ T \_\_\_\_ R \_\_\_\_  
Name \_\_\_\_\_  
\_ Attach copy of deed as recorded at Register of Deeds Office

### 2. PROPERTY OWNER Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Code: \_\_\_\_\_

### 3. APPLICANT Information (if different than property owner):

Contact Person's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Code: \_\_\_\_\_

### 4. PROPOSAL: Describe the division(s) being proposed:

A. Number of new Parcels \_\_\_\_\_  
B. Intended use (residential, commercial, etc) \_\_\_\_\_

C. The division(s) of the parcel has/have access by (check one):

\_\_\_\_\_ Each new division has frontage on an existing public road

\_\_\_\_\_ A new public road, proposed road name\*: \_\_\_\_\_

\_\_\_\_\_ A new private road, proposed road name\*: \_\_\_\_\_

\_\_\_\_\_ A recorded easement

\*Road name cannot duplicate an existing road name

**4A. Attach a legal description of the proposed new road or easement.**

**5. FUTURE DIVISIONS being reserved? \_\_\_\_\_ For whom? \_\_\_\_\_**

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.

**6. DEVELOPMENT SITE LIMITS:**

Check each which represents a condition which exists on the parcel/tract. \_\_\_\_\_ Any

part of the parcel is in a DNR-designated critical sand dune area \_\_\_\_\_ The

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

\_\_\_\_\_ Any part of the parcel is affected by a Lake Michigan High Risk Erosion setback.

\_\_\_\_\_ Any part of the parcel includes a wetland. Any part of the parcel includes a beach

\_\_\_\_\_ Any part of the parcel is within a flood plain.

\_\_\_\_\_ Any part of the parcel includes slopes more than twenty-five percent (a 1:4 pitch or 14 deg. angle) or steeper.

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

\_\_\_\_\_ A. Map, drawn to scale, of the proposed division(s) of the parent parcel/tract or if re-division per Sec 108(5) showing:

(1) Current boundaries as of March 31, 1997

(2) All previous divisions made after March 31, 1997 (indicate when made or none)

(3) Items from Ordinance Sec. V, D

(4) Any of the features checked in question number 6 above

\_\_\_\_\_ B. A soil evaluation or septic system permit *for each proposed parcel* prepared by the local District Health Department, or each proposed parcel is serviced by a public sewer system.

\_\_\_\_\_ C. An evaluation/indication of approval for a well permit for potable water *for each proposed parcel* prepared by the local District Health Department, or each proposed parcel is serviced by a public water system.

\_\_\_\_\_ D. Indication of approval, or permit from County Road Commission, MDOT, or respective city/village street administrator, for each proposed new public road and/or easement.

\_\_\_\_\_ E. A copy of any reserved division rights (Sec. 109(4) of the Act) in the parent parcel).

\_\_\_\_\_ F. A fee of \$25.00 (check made payable to Tuscarora Township) \_\_\_\_\_ G. Other (please list) \_\_\_\_\_

**8. IMPROVEMENTS:**

Describe any existing improvements (buildings, well, septic, etc.) which are on the parcel, or indicate none: \_\_\_\_\_

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—  
**9. 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 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 purpose of inspection. 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), 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 Act 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 division are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE:** \_\_\_\_\_

Total \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Reviewer's Action:

\_\_\_\_\_ Approved: Conditions, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Denied: Reasons (cite Sec.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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