WINFIELD LAND DIVISION

Winfield Township Land Division Application

Without separate Zoning approval will not guarantee a building site.

Bring or mail to: Dave Kelsey, 811 S. Coolidge Dr, Six Lakes, Michigan, 48886. Phone: (989) 289-2268

Approval by your local municipality is required before property may be sold. Approval of a division is not a determination that the resulting parcels comply with any other ordinances or regulations [MCL560.109.6] approval [by BOTH Assessor and Zoning Administer] is required for any division of land 40 acres or less. Name and Address where form is to be sent when review is completed.

1.LOCATION of parent parcel to be split.

A. Is parent parcel in: PA116 Y N PA260 Y N

B. Zoning of parent parcel: AG RR LR MHP MDR GC LI (circle one)

Address: _____ Road Name: ____

Legal description of parent parcel (attach extra sheet if needed)

2. PROPERTY OWNER INFOR	MATION:	
Name:	Phone:	Email:
Address:		
City:	State:	Zipcode:
3. APPLICANT INFORMATION	l: (if different than property o	owner):
Contact Person's Name:		
Business Name:	Phone:	Email:
Address:		
City:	State:	Zipcode:
4. LAND DIVISION PROPOSAL	: (DESCRIBE EACH DIVISION(S	6) BEING PROPOSED)
A. Number of new parcels:		
B. Intended use (Residential,	Commercial, etc.)	
C. Legal Description of each p	proposed new parcel (attach e	extra sheets if needed)

5. DEVELOPMENT SITE LIMITS: (Answer with a Yes or No the following that represents a condition existing on

any part of the parcel)

- ____ is riparian or littoral (river or lake front property) _____ includes a wetland?
- ____ includes slopes more than 25% (1/4 pitch/steeper) ____ is within a flood plain?
- _____ is known or suspected to have an abandoned well, underground storage or contaminated soils?
- 6. ATTACHMENTS: ([ALL attachments must be included) Letter each attachment as designated below.
- A. <u>SURVEY</u>: sealed by a professional surveyor of proposed division(s) of parent parcel;
- MAP/DRAWING: drawn to a legible scale & STAKED at site of proposed division(s) of parent parcel. It must show the following:
- ____ boundaries as of March 31, 1997
- ____ all divisions made after March 31, 1997
- ____ proposed division(s) with accurate dimensions shown
- ____ existing buildings, well, septic marked
- ____ existing and proposed road/easements right of ways (66 ft)
- ____ easements for public utilities from each parcel to existing public utilities

_____ any of the features answered with a Yes in question #5 above.

B. ZONING APPROVAL: A separate zoning permit will be needed before any type of building can be started.

C. <u>HEALTH DEPARTMENT APPROVAL</u>: This is needed if the parcel is less than 1 Acre (43560 sq. ft.) Signed Health Department approval for onsite water supply and sewage disposal.

7. CERTIFICATION OF PAID TAXES FROM MONTCALM COUNTY TREASURER'S OFFICE

8. <u>AFFIDAVIT</u> and permission for municipal, county and state officials to enter the property for inspection: hereby certify that the information contained on this application is true, and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with conditions

and regulations provided with this parcel under all applicable State and Local regulations. <u>Deed and other</u>
<u>conveyance will include statements required by Public Act 591 of 1996 as to whether the right to make further</u>
<u>divisions is proposed to be conveyed and the required statement regarding the Michigan Right to Farm Act.</u>
<u>See Item 8.</u> Further, I agree to give permission for officials of the local municipality, county and the State of
Michigan to enter the property where this parcel division is proposed for the purposes of inspection to verify
that the information on this application is correct.

Property Owner's Signature: _____ Date: _____

9. <u>RIGHT TO FARM & LAND DIVISION WORDING</u>- This property may be located within the vicinity of farmland or farm operation. Generally accepted agricultural aid 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. 10. FEES INVOLVED: The first division is \$50 and each additional division is \$20 on the same application. Check

must clear for Approval to be valid. Make check payable to: Winfield Township Treasurer and return to

Dave Kelsey, 811 S. Coolidge Dr, Six Lakes, Michigan, 48886.

NOTE: Land Divisions created throughout the year will be activated in March of the following year. Tax Bills for the created parcels will be issued beginning with the July billing cycle.

DO NOT WRITE BELOW THIS LINE

Number of new parcels	Total Fee: \$	Receipt Numbe	r
REVIEWER'S ACTION:	_ APPROVED or DE	NIED	
ASSESSOR'S SIGNATURE:			DATE:
ZONING ADMIN . SIGNATURE:			DATE:
(Conditions if any)			

A Document (Survey or Deed) needs to be recorded within 90 days of approval to complete this Land Division

FOR OFFICE USE ONLY- Winfield Township		
Parent Parcel Number: 59-020-		
Name of applicant:	Date Filed:	
Number of splits allowed by statue: Number of splits requested:		
PA 116 Y N PA 260 Y N Zoning: AG R	R LR MHP MDR GC LI	