



Located at: 9773 Mt. Hope Road Munith, MI 49259
 Mail to: 9773 Mt. Hope Road, Munith, MI 49259
 517-596-8200 office/517-596-8600 fax
 Hours: 9 AM - 1 PM Monday - Tuesday - Thursday
 1 PM - 5 PM Wednesday
 www.waterlootwami.com

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|-----------------------------|
| Parcel - A # _____ |
| Parcel - B # _____ |
| New Combined Parcel # _____ |

LAND COMBINATION APPLICATION

You **MUST** answer all questions and include all attachments or this application will be returned to you. Bring or mail the application to Assessor's Office at the address listed above.

Fill in to whom and where you want this form sent when the review is completed.

(Please Print)

| | | |
|----------|--------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |

This form is designed to comply with applicable local zoning.

1. LOCATION PARCEL -- A:

| | |
|----------------|------------|
| Street Number: | Road Name: |
|----------------|------------|

Parent Parcel Number:

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|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Legal Description: (Attach extra sheets if needed)

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2. LOCATION PARCEL -- B:

| | |
|----------------|------------|
| Street Number: | Road Name: |
|----------------|------------|

Parcel Number:

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|--|--|--|--|--|--|
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|--|--|--|--|--|--|

Legal Description: (Attach extra sheets if needed)

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3. APPLICANT information (if not the property owner):

| | |
|-----------------|-------------------|
| Contact Person: | Phone: |
| Business Name: | Address: |
| | City: State: Zip: |

4. Legal description and acreage of the proposed new combined parcel: (Attach extra sheets if needed)

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6. DEVELOPMENT SITE LIMITS – Check each condition which exists on any part of either parcel list either A or B:

- is in a DNR designated critical sand dune area.
- is riparian or littoral (is a river or lake front parcel).
- is affected by a Great Lake High Risk Erosion setback.
- includes a wetland.
- includes a beach.
- is within a flood plain.
- includes slopes more than twenty-five percent (a 1:4 pitch or 14° angle) or steeper.
- is on muck soils or soils known to have severe limitations for on-site sewage system.
- is known or suspected to have an abandoned well, underground storage tank or contaminated soils.

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

A. Proof of ownership (copy of recorded deed).

B1. A survey, sealed by a professional surveyor of proposed combination of parcel – A and parcel – B.

The survey or map must show:

- (1) Current boundaries (as of March 31, 1997) and
 - (2) All previous divisions made after March 31, 1997 (indicate when made or none) and
 - (3) The proposed combination, and
 - (4) Dimensions of the proposed combination, and
 - (5) Existing and proposed road/easements right-of-way, and
 - (6) Easements for public utilities from each parcel to existing public utility facilities, and
 - (7) Locate setbacks of any existing improvements (building, well, septic systems, driveways, etc.), and
 - (8) Any of the features checked in question number 6.
- C. A soil evaluation or septic system permit for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public sewer system.
- D. An evaluation/indication of approval will occur or a well permit for potable water for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public water system for parcels less than 1 acre.
- E. Indication of approval or permit from County Road Commission, MDOT, or respective city/village street administrator, for each proposed new road, easement or shared driveway.
- F. A copy of any transferred division rights.
- G. A fee of \$150.00 for the proposed combination of parcel – A and parcel – B will be required before any review will take place.

H. Insufficient information requiring additional committee review will be billed at \$180.00 per meeting.

I. Other (please list): _____

9. AFFIDAVIT and permission for municipal, county, and state officials to enter the property for inspection:

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 parent 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 purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the local zoning 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 Acts 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, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE:

Reviewer's Action:

_____ Approved: Conditions, if any:

_____ Denied: Reasons (cite §):

Signature and date:

Total Fee \$ _____ Check # _____