



TOWNSHIP OF SPRING ARBOR

107 E. Main St., P.O. Box 250, Spring Arbor, Michigan 49283

Phone (517) 750-2800 FAX (517)750-2802

email: Assessor: jpulling@springarbor.org (or) Zoning Administrator: jan@springarbor.org

Application Fee \$ _____

LAND DIVISION APPLICATION

LD # _____ Date Fee Paid _____ Date Application Received _____

You MUST answer all questions and include all attachments or this application will be returned to you. You may mail, fax or bring in the application to the Township Office. The Township has 10 business days to notify you if the application is incomplete. Once the completed application is received, (with all attachments) the Township has 45 days to notify the applicant of approval or denial. The land division process is a partnership between the Township Building/Zoning Administrator and the Township Assessor.

Approval of a land division is required before it is sold, when the new parcel is less than 40 acres and not just a property line adjustment (§102(e&f)). This form is designed to comply with applicable local zoning, land division ordinances and § 109 of the Michigan 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.)

- ** All taxes for the entire current year must be paid on or before December 31st or the application cannot be approved.
- ** According to HB #4055 effective 2019 a "Tax Certificate" MUST be attached to this application. These certificates are provided by the Jackson County Treasurer's Office. See attached example.
- ** This application MUST be accompanied by descriptions for EVERY NEW END RESULTING PARCEL before it can be approved.
- ** Deeds MUST be registered for every new end resulting parcel (regardless if there is a transfer of ownership or not) at the Jackson County Register of Deeds Office. This must be done within 90 days of the approval of this application or December 31st, which ever comes first or a new application and application fee will be required.

(Please Print) APPLICANT (if not the owner)

Is the applicant also the owner, yes or no? _____
If no, print applicants information here. If yes, you may skip APPLICANT and complete OWNER.

Applicant Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____

OWNER OF PARCEL

PARCEL ID Number _____

LOCATION of Parcel to be split:

Street Address of Parcel being split _____
(if no address, street name or lot number, etc.)

Owner Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____

1. **PROPOSAL:** Describe the division(s) being proposed.

- A. Number of New Parcels: (example, 1 parcel into 2, equals 2 new parcels) _____
- B. Intended Use (residential, commercial, agricultural etc.): _____
- C. The division of the parcel provides access to an existing public road by: (check one)
 - Each new division has frontage on an existing public road.
 - A new public road.
 - A new private road or easement.
 - A recorded easement (driveway). (Cannot service more than one potential site).
- D. Attach a legal description of the proposed new road, easement, or shared driveway.
- E. Attach legal description of each proposed new parcel and remaining parent parcel.

2. **FUTURE DIVISIONS** that might be allowed but not included in this application?

- A. The number of future divisions being transferred from the parent parcel to another parcel? _____
- B. Identify the other parcel: _____
(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.)

3. **PAST DIVISIONS**

It is the applicant and/or owner's responsibility to provide the number of divisions (not line adjustments) to the township.

How many divisions have been made since March 31, 1997? _____

4. **DEVELOPMENT SITE LIMITS** - Check each condition which exists on any part of the parent parcel.

- 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 floodplain.
- 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 systems.
- is known or suspected to have an abandoned well, underground storage tank or contaminated soils.

5. **IMPROVEMENTS:** Describe any and all existing improvements (buildings, well, septic, etc.) which are on the parent parcel/s or indicate none (attach extra sheets if needed).

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

- A. A survey, sealed by a professional surveyor of proposed division(s) of parent parcel. Survey *must* show all improvements.

OR

A map or drawing, (drawn to scale), of proposed division/s of parent parcel.

The survey or map must show:

- (1) 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 division(s), with complete legal descriptions of all **NEW** parcels, and
- (4) Dimensions of the proposed divisions, and
- (5) Existing and proposed road/easement rights-of-way, and
- (6) Easements for public utilities from each parcel to existing public utility facilities, and
- (7) **Any existing improvements (buildings, wells, septic system, driveways, etc.), and**
- (8) Any of the features checked in question number 3.

- B. 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.
- C. 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.
- D. 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.
- E. A copy of any transferred division rights (§109(4) of the Act) in the parent parcel.
- F. Other (please list): _____

7. **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 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.

**** By signing this application, I understand that no division will be approved without the current year taxes paid by December 31st. I understand that this includes both the summer and winter taxes, regardless of what season the application is filed. You have attached a "Tax Certificate" from the Jackson County Treasurer for all parcels. I also understand that, REGARDLESS if there is a transfer of ownership or NOT, no division will be approved if a document such as a deed isn't registered at the Jackson County Register of Deeds within 90 days of the application approval or December 31st, which ever comes first. If a deed is not registered timely, a new application will be required and an additional application fee.**

PROPERTY APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____
(if other than applicant)

DO NOT WRITE BELOW THIS LINE:

Zoning Administrator's Action:

_____ Approved: Conditions, if any: _____

_____ Denied: Reasons (cite §): _____

Signature and date: _____

Assessor's Action:

_____ Approved: (Conditions if any, in addition to the conditions above indicated with **) _____

_____ Denied: Reasons (cite §): _____

Signature and date: _____

OFFICE OF THE TREASURER
 JACKSON COUNTY TREASURER'S OFFICE PHONE 517-788-4418

----- TAX CERTIFICATION -----

TAX YEAR	TAX. VALUE	BASE TAX	BASE TAX DUE	INTEREST/FEES DUE	TOTAL DUE	LAST PMT
2018	39,678	1,916.86	0.00	0.00	0.00	12/17/18
2017	38,862	1,771.80	0.00	0.00	0.00	12/09/17
2016	38,516	1,736.57	0.00	0.00	0.00	12/13/16
2015	38,401	1,731.29	0.00	0.00	0.00	12/16/15
2014	37,797	1,707.13	0.00	0.00	0.00	12/24/14
0	0		0.00	0.00	0.00	
0	0		0.00	0.00	0.00	
0	0		0.00	0.00	0.00	
0	0		0.00	0.00	0.00	
0	0		0.00	0.00	0.00	
0	0	0.00	0.00	0.00	0.00	
0	0		0.00	0.00	0.00	
TOTAL			0.00	0.00	0.00	

Property Number: 001-11-27-151-001-02

Property Address: 5506 ALBION RD

DESCRIPTION OF PROPERTY:

Example

BEG AT W 1/4 POST OF SEC 27 TH E ALG E&W 1/4 LN 1329.4 FT TH N 1DEG 28'30''W 722.46 FT TH N 33DEG 45'W 130 FT TO A PT FOR PL OF BEG OF THIS DESCN TH N 33DEG 45'W 185.56 FT TH S 54DEG 11'13''E 185.56 FT TH S 33DEG 45'E 185.56 FT TH N 54DEG 11'13''E 185.56 FT TO BEG. BEING PART OF LOT 1 ASSESSOR'S PLAT VILLAGE OF CONCORD, UNRECORDED. SEC 27 T3S R3W .7900 A

*****FEES SUBJECT TO CHANGE DUE TO BOARD OF REVIEW, MICHIGAN TAX TRIBUNAL RULINGS,
 STATE TAX COMMISSION ORDERS, UNCAPPING, ETC., AND AS ALLOWED UNDER
 PUBLIC ACT 123 OF 1999 (AS AMENDED) ****

JACKSON COUNTY TREASURER'S CERTIFICATION

Jackson, MI _____, 20____

COPY

I HEREBY CERTIFY that according to our records all taxes returned to this office are paid for five years preceding the date of this instrument. This does not include taxes in the process of local collection, changes due to Board of Review, PRE denial, Michigan Tax Tribunal rulings, State Tax Commission orders, Uncapping, ETC., and as allowed under Public Act 123 of 1999 (as amended). No representation is made as to the status of taxes owed to any other governmental entity.

The county treasurer shall collect a fee for a certification under this subdivision in an amount equal to the fee payable under section 1(2) of 1895 PA 161, MCL 48.101 for a certificate relating to the payment of taxes under section 135 of the general property tax act, 1893 PA 206, MCL 211.135.

Karen A. Coffman