

Crystal Township

Land Division Application

Applicant: Name: _____
Address: _____
Phone/Email: _____

Owner: Name: _____
Address: _____
Phone/Email: _____

Parent Parcel Number: _____
Parent Parcel Address: _____

*****CURRENT YEAR SUMMER & WINTER TAXES MUST BE PAID BY DECEMBER 31 FOR
LAND DIVISION TO TAKE PLACE *****

Is any portion of the parcel in PA 116? (If yes, please provide paperwork for release of PA 116) _____

Are there any mortgages or liens on the parcel? (If yes, please provide documentation of discharge) _____

If you are requesting an approval letter, please provide the contact information for letter (may be yourself, title company, realtor, etc):

Name: _____
Address: _____
Phone/Email: _____

This form is designed to comply with applicable local zoning, land division ordinances and section 108 & 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 and P.A. 87 of 1997, MCL 560.101 ET SEG.)

Please provide the following information to process the requested Land Division:

- **Certificate of Paid Taxes from the Montcalm County Treasurer's Office**
 - This certificate from the County Treasurer complies with the requirement of PA 23 of 2019 establishing all property taxes and special assessments due on the parcel or tract involved in the land division have been paid for 5 years preceding the date of this application.
- **A Certified Survey and Legal descriptions of all properties affected by land division/adjustment**
 - The survey must show the following items:
 - All existing improvements (buildings, driveways, outbuildings, etc)
 - Existing easements or proposed easements
 - Legal descriptions for proposed parcels and remaining land
 - How far from lot lines are buildings?
- Copy of the recorded deed when the property was purchased
- All parcels must meet zoning requirements/ordinances (if any)
- NO LAND LOCKED PARCELS MAY BE CREATED
- Maximum of 4 to 1 Depth Ratio
- Please be aware that with a land division approval this does not qualify any or all new parcel(s) will be buildable
- **All taxes must be paid in full – if the property has any delinquent taxes or liens, the requested land division will not occur the following year.**

Permission for municipal 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. I agree to give permission for officials of the municipality, county and state to enter the property where this parcel division is proposed for purpose of inspection. I understand local ordinances and State Acts change from time to time and must comply with new requirements unless built upon before the changes or laws are made.

****Please be aware land divisions may take up to 45 days to be approved. In some cases, zoning administrator may have to inspect property, research may be needed, verification that property meets other requirements and/or ordinances. ****

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Application Fee is \$60.00

Application Fee to be paid to the Township.

Completed Forms can be returned to:

Crystal Township Office in person;

or by mail : Crystal Township Assessor P.O. Box 358, Crystal, MI 48818

Or by email: boundaryassessing@gmail.com

APPROVAL OF THIS APPLICATION IS NOT A DETERMINATION THAT THE
RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS

FOR TOWNSHIP USE ONLY, DO NOT WRITE BELOW THIS LINE

Application completion date: _____

Fee: \$60.00 to be paid to the Township

Application Fee Received: Date _____ Amount: _____

Check Number: _____ Taken By: _____

_____ APPROVED _____ Denied

Assessor: _____ Date _____