

**Jefferson Township**  
**Land Division & Lot Line Adjustment Application**

**You must answer all questions and include all attachments or this will be returned to you.**

Mail Complete Application to:	Contact Information:
Quality Assessing Services PO Box 436 Leslie, MI 49251	Jason Yoakam, Township Assessor Phone: 517-539-5172 Email: <a href="mailto:Jason@qualityassessing.com">Jason@qualityassessing.com</a>

**\*\*\*Emailed requests need to be in .pdf format, no pictures of documents please\*\*\***

Approval of a division of land 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 #108 and #109 of the Michigan Land Division Act, formerly the Subdivision Control Act, PA 288 of 1967, as amended (particularly PA 591 of 1996 and PA 87 of 1997. MCL 560 et seq.) **Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations.**

1. Location of Parent to be split: Address \_\_\_\_\_  
Parent Parcel Identification Number: 30-12- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Parent Parcel Legal description (describe or attach) \_\_\_\_\_

Proof of fee ownership (copy of warranty deed or complete land contract, not a quit claim deed)

2. PROPERTY OWNER information:  
Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Proposed Division(s) to include the following:
- A. Number of new Parcels \_\_\_\_\_
  - B. Intended use (residential, commercial, agricultural, etc.) \_\_\_\_\_
  - C. Each proposed parcel of 10 acres or less has a depth to width ratio of 4 to 1 provided by ordinance.
  - D. Each parcel has a width of not less than **165 ft** as required by ordinance
  - E. Each parcel has an area of not less than **one (1) acre** as required by ordinance
  - F. The division of each parcel provides access as follows: (Check one)
    - a) \_\_\_\_\_ Each new division has frontage on an existing public road
    - b) \_\_\_\_\_ A new public road, proposed name: \_\_\_\_\_
    - c) \_\_\_\_\_ A new private road, proposed road name: \_\_\_\_\_
  - G. Describe or attach a legal description of the proposed new road, easement or shared driveway.  
\_\_\_\_\_
  - H. Describe or attach a legal description for each proposed new parcel.  
\_\_\_\_\_  
\_\_\_\_\_

4. Number of Future divisions: being transferred from the parent parcel to another parcel.  
Indicate number transferred \_\_\_\_\_ Identify the other parcel \_\_\_\_\_  
(see section #109(2) of the Statute. Make sure your deed includes both statements as required in #109 (3 & 4) of the statute.)

5. Development Site Limits (Check any/all which represent a condition that exists on the parent parcel)
- \_\_\_\_\_ Waterfront property (river, lake, Pond etc.) \_\_\_\_\_ Includes wetlands
- \_\_\_\_\_ Is within a flood plain \_\_\_\_\_ Includes a beach
- \_\_\_\_\_ Is on muck soils known to have severe limitations for on site sewage system
- A. Is this property currently enrolled in PA116 or a similar program? \_\_\_\_\_

6. (A) ATTACHMENTS: All the following attachments **MUST** be included Letter each attachment as shown.
- (1) Current boundaries
  - (2) All previous divisions made after March 31, 1997 (indicate when made or none)
  - (3) The proposed division(s)
  - (4) Dimensions of the proposed divisions
  - (5) Existing and proposed road/easement right-of-way(s)
  - (6) Easements for public utilities from each parcel that is a development site to existing public Utility facilities
  - (7) Any existing improvements (buildings, wells, septic system, driveways, etc.)
  - (8) Any of the features checked in question number 5
- (B.) A copy of any transferred division rights (sec 109 (4) of the Act) in the parent parcel. (L-4260a enclosed)
- (C.) Driveway approval, or permit from Hillsdale County Road Commission, 1915 Hudson Rd or  
\_\_\_\_\_ Has existing approved driveway, or  
\_\_\_\_\_ No egress onto public road
- (D) A certificate from the County Treasurer that complies with the requirement of PA 23 of 2019, establishing all property taxes and special assessments due on the parcel or tract subject to the proposed division have been paid for 5 years preceding the date of the application.
- (E) An application fee of **\$75.00** plus **\$35.00** for each division after the 1<sup>st</sup> child parcel.  
**Make checks payable to** "Quality Assessing Services LLC"  
Send Check & Application to: Quality Assessing Services LLC PO Box 548, Spring Arbor MI 49283

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

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8. 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 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 PA 288 of 1967, as amended (particularly by PA 59' of 1996 and PA 560.101 et seq.) and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restrictions or other property rights.

Finally, even if this division is approved, I understand local ordinances and State Acts change from time to time, and if changed, the division made here must comply with the new requirements (apply for division approval again) unless deeds representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

\_\_\_\_\_ *(initial after reading) \* Application will be sent back if not initialed*

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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*For office use only: Reviewer's action: TOTAL FEE \$ \_\_\_\_\_ Check # \_\_\_\_\_*

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Signature: \_\_\_\_\_

Application completed Date: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_ Reasons for denial: \_\_\_\_\_ (Include attachment if necessary)

New parcel numbers: 30-12- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

30-12- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

30-12- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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