

LAND DIVISION APPLICATION

HAMPTON CHARTER TOWNSHIP
801 W. CENTER AVENUE
MAILING ADDRESS
P.O. BOX 187
BAY CITY, MI 48707

- * APPROVAL OF LAND DIVISION IS REQUIRED BEFORE IT IS SOLD, WHEN THE NEW PARCEL IS LESS THAN 40 ACRES & NOT JUST A PROPERTY LINE ADJUSTMENT.
- * ALL QUESTIONS MUST BE ANSWERED COMPLETELY, ALL REQUIRED DOCUMENTS ATTACHED AND THE APPLICATION SIGNED BY THE PROPERTY OWNER FOR IT TO BE REVIEWED.

1. PROPERTY OWNER INFORMATION		
NAME:		PHONE:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
2. APPLICANT INFORMATION (IF NOT THE PROPERTY OWNER)		
NAME:		PHONE:
BUSINESS NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
3. PARCEL INFORMATION		
TAX PARCEL NUMBER:		SECTION:
STREET ADDRESS:		
TOTAL NUMBER OF PARCELS AFTER DIVISION:		
4. FUTURE DIVISIONS (THAT MIGHT BE ALLOWED BUT NOT INCLUDED IN THIS APPLICATION)		
TOTAL NUMBER OF FUTURE DIVISIONS:		
NUMBER OF FUTURE DIVISIONS BEING TRANSFERRED FROM THE PARENT PARCEL TO ANOTHER PARCEL:		
IDENTIFY THE PARCEL(S) TO WHICH THEY ARE BEING TRANSFERRED:		

5. DEVELOPMENT SITES ONLY

NUMBER OF NEW PARCELS THAT ARE INTENDED FOR BUILDING DEVELOPMENT: _____

6. ATTACHMENTS (ALL ATTACHMENTS MUST BE INCLUDED)

A. TENTATIVE PARCEL MAP

_____ Land Survey by a licensed land surveyor at a scale of not less than 1" = 100'; OR,
_____ Accurate map at a scale of not less than 1" = 100' and not prepared by a licensed land surveyor.

A tentative parcel map must show:

- (1) Accurate legal descriptions for the parent parcel & each parcel being created.
- (2) The boundaries & dimensions of the parent parcel as of March 31, 1997.
- (3) The boundaries & dimensions of all previous divisions made after 3/31/97.
- (4) The boundaries & dimensions of each parcel being created by this application.
- (5) Existing & proposed public and approved, private street rights-of-way.
- (6) Existing & proposed public utility easements.
- (7) The location of existing buildings & driveways.
- (8) The location of existing & proposed public sewer & public water systems serving any of the parcels.

B. _____ A copy of any document transferring any land division rights from the parent parcel to another parcel.

C. _____ A copy of Bay County Health Department approval for on-site sewage disposal for each proposed parcel that is not served by public sewer.

D. _____ A copy of Bay County Health Department approval for on-site water supply for each proposed parcel that is not served by public water.

E. _____ A fee of \$50.00 for each new parcel (Example - one split = 2 new parcels)

7. AFFIDAVIT & PERMISSION 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 Hampton Charter Township, Bay 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 agreeable 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, 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 within 90 days after this application is approved or the division is built upon before the changes to laws are made.

PROPERTY OWNER'S

SIGNATURE: _____ DATE: _____

8. REVIEWER'S ACTION

_____ APPROVED: Conditions, if any: _____

_____ DENIED: Reasons: _____

Signature and date: _____