

City of Traverse City
APPLICATION FOR LAND DIVISION AND/OR
BOUNDARY ADJUSTMENT



Applicant

Name: _____
Address: _____
Phone#: _____

Representative Name: _____ Phone #: _____

Please indicate if: Land Division: _____ or Boundary Adjustment: _____

Proof of Ownership*: Deed _____ Land Contract _____ Option to Purchase Agreement _____
If an unplatted tract or parcel; # of Division Rights: _____

** Please do not include documents with personal information such as Social Security Numbers, Birth Dates, Drivers License Numbers, Bank Account Numbers, etc.*

\$250.00 Fee: _____ Date paid: _____

Current Status - for subject "Parent Property or Properties"

Current Owner: _____
Owner Phone #: _____
Property Tax Identification #: _____
Additional Property Tax Identification #: _____
Property Address: _____
Additional Property Address: _____

Legal Description Requirement - Please attach the following:

_____ Legal Description of parent parcel(s)
_____ Legal Description of proposed parcel(s)

The owner(s) of the above real property, in accordance with Traverse City Code of Ordinances Section 1244.05, requests that the attached legal descriptions be placed upon the City assessment and tax rolls.

Land Survey Requirement

A current land survey prepared by a registered professional land surveyor, containing the following information **must** be submitted with the application. Please check-off any of the below items which are indicated on the survey.

- _____ 1. Survey drawn to scale, showing (attach & label accordingly)
- _____ a) current boundaries of original parent parcel
 - _____ b) all previous divisions made from original parent parcel
 - _____ c) proposed division(s)
 - _____ d) dimensions of the proposed divisions
 - _____ e) existing and proposed road/easement rights-of-way
 - _____ f) existing and proposed public utilities which provide service to the parcel
 - _____ g) any existing improvements (buildings, wells, septic system, driveways, etc. including setback requirements
 - _____ h) legal description of all divisions and remainder of parent parcel
 - _____ i) wetlands
 - _____ j) flood plains
 - _____ k) underground storage tanks, contaminated soils
 - _____ l) existing topography and proposed preliminary drainage plans
- _____ 2. Certification that boundary corner monuments have been or will be placed.

I agree the aforementioned statements made are true, and if found not to be true, this application and any approval shall be void. Further, I agree to comply with the conditions and regulations provided with this parcel division. In addition, I agree to give permission for the officials of the City of Traverse City, Grand Traverse County, and/or the State of Michigan to enter, during reasonable work hours, the property where this parcel is proposed for purposes of inspection. Finally, I understand this is only a parcel division which conveys certain rights under the applicable local land division ordinance and the State Land Division Act (formerly the subdivision control act P.A. 288 of 1967, as amended (particularly by PA. 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 restrictions or other property rights.

Lastly, even if this division is approved, a land division does not occur until receipt of a registerable conveyance is supplied to the City of Traverse City. I understand if zoning, local ordinances and State Acts change prior to land divisions being completed (registerable conveyances) the divisions must comply with the new requirements unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds. I further understand that this approval is valid for six months from the date of issuance and if the proposed land division is not completed during the six month time frame, a new application and approval must be obtained.

SIGNATURE OF OWNERS (All parties having the necessary interest must sign). **All property owners' signatures must be notarized.**

Property Owner's Signature: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Each property owners' signature must be notarized.

The foregoing instrument was acknowledged before me this ___ day of _____, 200__, by _____.

Notary: _____
Notary Public, _____ County, State of _____.
Acting in _____ County, State of _____.
My commission expires: _____

The foregoing instrument was acknowledged before me this ___ day of _____, 200__, by _____.

Notary: _____
Notary Public, _____ County, State of _____.
Acting in _____ County, State of _____.
My commission expires: _____

The foregoing instrument was acknowledged before me this ___ day of _____, 200__, by _____.

Notary: _____
Notary Public, _____ County, State of _____.
Acting in _____ County, State of _____.
My commission expires: _____

The foregoing instrument was acknowledged before me this ___ day of _____, 200__, by _____.

Notary: _____
Notary Public, _____ County, State of _____.
Acting in _____ County, State of _____.
My commission expires: _____