

PARCEL DIVISION APPLICATION

Bruce Township
223 East Gates Street
Romeo, MI 48065
586-752-4585
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www.brucetwp.org

SPLIT COMBINATION DESCRIPTION CORRECTION SPLIT/COMBINATION

****(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: _____ Road Name: _____

PARENT PARCEL IDENTIFICATION NUMBER: _____

Parent Parcel Legal Description (DESCRIBE OR ATTACH) _____

2. PROPERTY OWNER INFORMATION:

Name: _____ Address: _____

Phone: (____) _____ Zip Code: _____

3. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING:

- A. Number of new Parcels _____ x \$75.00 for each parcel created _____ due
- B. Intended use (residential, commercial, etc.) _____
- C. Each proposed parcel, has a depth to width ratio of 4 to 1 or _____ to _____ as provided by ordinance.
- D. Each parcel has a width of _____ (not less than required by ordinance)
- E. Each parcel has an area of _____ (not less than required by ordinance)
- F. The division of each parcel provides access as follows: (check one)
 - _____ Each new division has frontage on an existing public road. Road Name: _____
 - _____ A new public road, proposed Road Name: _____
 - _____ A new private road, proposed Road Name: _____

AFFIDAVIT:

I AGREE THE STATEMENTS MADE ABOVE ARE TRUE AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVALS WILL BE VOID. FURTHER, I AGREE TO COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION. I UNDERSTAND THIS IS ONLY A PARCEL DIVISION WHICH CONVEYS ONLY CERTAIN RIGHTS UNDER THE STATE LAND DIVISION ACT. APPROVAL OF THIS DIVISION IS NOT A DETERMINATION THAT THE RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS.

Signature: _____
Applicant

Date: _____

Signature: _____

Date: _____

PLANNING AND ZONING CONDITIONS/ACTION:

_____ Fee Paid _____ Survey _____ FF/SQ/1 TO 4

_____ Public/Private Rd. _____ SLU Date _____ # of Splits

Planning and Zoning Coordinator Signature _____ Date: _____

CLERK'S ACTION: () Approved () Denied () Variance Required

Variance Conditions:

Clerk's Signature _____ Date: _____

ASSESSOR'S ACTION:

_____ Land Division Act Compliance

Assessor's Signature _____ Date: _____

TAX STATUS: Tax Year _____

Current _____ Delinquent _____ Verified By: _____

Special Assessments:

Current _____ Balance _____ Verified By: _____