



223 East Gates, Romeo, MI 48065
586-752-4585 - Fax 586-752-3870
www.brucetwp.org

PARCEL DIVISION REQUIREMENTS:

1. Applications for approval of splits and/or combinations shall be submitted to the clerk's office.
2. Property located in the Village of Romeo must obtain approval from the village office prior to submitting an application to the township.
3. The applicant shall submit a survey of the original parcel, a signed certified survey of the newly created parcels, and the corresponding legal descriptions. In addition, the survey shall show the area, parcel lines, public utilities, easements, encroachments, bearing and dimensions and structures on each resulting parcel.
4. All current and delinquent real property taxes, special assessment bills and special assessment balances must be paid in full before the application will be processed and approved; proof may be required.
5. Applicants must have a vested interest in the properties for which they are requesting changes.
6. There is a \$75.00 charge for **each** parcel created. There will be a recharge if changes are made after the split is approved.
7. A new homestead exemption form must be completed for any new parcel requesting exemption.
8. For private road applications, no splits will be approved until road is completed.

PARCEL DIVISION APPLICATION

Bruce Township

223 East Gates Street, Romeo, MI 48065
Phone: 586-752-4585 - Fax 586-752-3870
www.brucewp.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. PARENT PARCEL (#1) IDENTIFICATION NUMBER: _____

Property Address: _____ Zoning of Property _____

Owner Name: _____ Address: _____

Phone: (____) _____ Zip Code: _____ Email: _____

2. PARENT PARCEL (#2) IDENTIFICATION NUMBER: _____

Property Address: _____ Zoning Of Property _____

Owner Name: _____ Address: _____

Phone: (____) _____ Zip Code: _____ Email: _____

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. CURRENT AND FUTURE OWNERS SHALL USE AND MAINTAIN THE PROPERTY IN ACCORDANCE WITH THE PROVISIONS OF THE BRUCE TOWNSHIP ZONING ORDINANCE AND ALL OTHER APPLICABLE REGULATORY ORDINANCES.

Owner Signature (Parent #1): _____ Date: _____

Owner Signature (Parent #1): _____ Date: _____

Owner Signature (Parent #2): _____ Date: _____

Owner Signature (Parent #2): _____ Date: _____

PARCEL NO: _____ ZONING: _____

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: _____

Date: _____

Special Assessments:

Current _____ Balance _____

Verified By: _____

Date: _____

Water/Sewer Fees:

Current _____ Balance _____

Verified By: _____

Date: _____