

OFFICE OF THE PLANNING DIRECTOR
Troy Langer

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 tlanger@hartlandtwp.com



SUPERVISOR
 William Fountain

CLERK
 Larry Ciofu

TREASURER
 Kathleen Horning

TRUSTEES
 Matthew Germane
 Summer L. McMullen
 Denise M. O'Connell
 Joe Petrucci

APPLICATION FOR LAND DIVISION												
Parcel Identification Number:		4708-			4708-							
Property Address:					Zoning of Parcel:							
Application Case Number: _____	<input type="checkbox"/> Metes & Bounds <input type="checkbox"/> Platted Lots of Record		Subdivision Name: _____									
	<input type="checkbox"/> Condominiums											
	<input type="checkbox"/> Combination and Boundary Line Adjustment									\$175.00		
	<input type="checkbox"/> Additional Parcels ____ x \$25.00									\$_____		
	<input type="checkbox"/> Land Division Resulting in 2 Parcels (Parent plus one new parcel)									\$350.00		
	<input type="checkbox"/> Additional Parcels ____ x \$100.00									\$_____		
	Application Request Date: _____	<input type="checkbox"/> Land Division Master Deed - Single Family									\$100.00	
		<input type="checkbox"/> Additional Parcels ____ x \$20.00									\$_____	
<input type="checkbox"/> Land Division Master Deed – Multiple Family									\$100.00			
<input type="checkbox"/> Additional Parcels ____ x \$20.00									\$_____			
		Development fee for Township Attorney and Engineering Review (as required by Township)							\$500.00 (min)			
Total:									\$_____			
General Description of Request:												
APPLICANT INFORMATION (MUST HAVE LEGAL INTEREST IN PROPERTY)												
Company Name												
Last Name		First			M.I.							
Street Address												
City		State			Zip							
Phone		Fax			E-mail Address							
Own the Property?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Purchase Agreement? (Attach)				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
PROPERTY OWNER INFORMATION (IF OTHER THAN APPLICANT)												
Company Name												
Last Name		First			M.I.							
Street Address												
City		State			Zip							
Phone		E-mail Address										
Signature of Owner:												

SURVEYOR/ENGINEER INFORMATION

Company Name				
Last Name	First		M.I.	
Street Address				
City	State		Zip	
Phone	E-mail Address			

For a list of the requirements, please refer to the Land Division Checklist available on the Township's website at www.hartlandtwp.com and at the Township Planning Department. Land Use Permits will not be issued for parcels that do not have public/private road or shared driveway access constructed in accordance with the Hartland Township Zoning Ordinance.

APPLICANT SIGNATURE

The applicant acknowledges that he/she has the sole responsibility of complying with the requirements of any applicable Hartland Township Ordinance notwithstanding the signature or approval of any employee(s) or official(s) of Hartland Township and that Hartland Township is not bound to recognize the approval of other action of any such employee(s) or official(s) which is not in compliance with any applicable Hartland Township Ordinance.

Land division approval does not guarantee that resulting parcels meet or conform to all applicable Township Ordinances and does not include representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.. The owner further acknowledges that all the information provided in this application is true and accurate to the best of the owner's knowledge. The owner authorizes the Township and/or its representative to do a site inspection.

Approved surveys must be recorded with the County within thirty (30) days of Township approval, unless a written extension is provided by the Township Assessor. Only the survey stamped APPROVED by the Township shall be recorded with the County. Tax identification numbers will not be assigned to a parcel until documentation of recording has been provided to the Township Assessor.

Furthermore, I understand that even if this division is approved, zoning, local ordinances and State Acts change from time to time, and if changed the division(s) made here must comply with the new requirements unless, deeds, land contracts, leases or surveys representing the approved division(s) are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

Signature of Applicant: _____ **Date:** _____

Assessing

	Yes	No
Divisions are available # of divisions available _____	<input type="checkbox"/>	<input type="checkbox"/>
Accurate Survey	<input type="checkbox"/>	<input type="checkbox"/>
Accurate Legal Descriptions _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Assessor: _____	Date: _____	

Planning & Zoning

	Yes	No
Site Inspection Complete Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Access Requirements Met	<input type="checkbox"/>	<input type="checkbox"/>
Dimensional Requirements Met _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Planning: _____	Date: _____	

Department of Public Works

Existing REU's:

Water REU's _____ Sewer REU's _____

Resulting REU's for Created Parcel:

Water REU's _____ Sewer REU's _____

Resulting REU's for Parent Parcel:

Water REU's _____ Sewer REU's _____

DPW Director: _____ Date: _____

Treasurer

	Yes	No	Amount Owed \$ _____
Taxes Paid to Date	<input type="checkbox"/>	<input type="checkbox"/>	
Special Assessment District _____			
This application is valid when signed by the cashier at the Treasurer's Office confirming payment of fees as noted.			
Account Number: 101-000-622.000 (Application)	\$ _____		
Receipt Number: _____			
Treasurer: _____	Date: _____		

Amendment to Application

The Township must approve or disapprove an application within 45 days after filing a complete application for the proposed division. If the property owner wishes to extend the 45 day requirement and amend the application date, they shall provide a notarized letter requesting the amendment or sign and date the original application. The Township will process the application within 45 days of the date the amendment is submitted.

Signature of Owner: _____ Date: _____