

# GREENWOOD TOWNSHIP

3447 W Temple Dr, Harrison, MI 48625

Office: 989-426-8854 email: assessor@greenwoodtownship.org

## Division / Combination / Boundary Adjustment Application

Boundary Adjustment

Land Division

Combination

### Fee Schedule

- Combination: \$100
- Lot Line Adjustment: \$100
- Split: \$100

### Applicant Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Parcel Information

Parcel #: 006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Parcel #: 006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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Parcel #: 006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Parcel #: 006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Parcel #: 006-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### Proposed Use

Residential

Commercial

Industrial

**Total Number of Resulting Parcels** \_\_\_\_\_

### Tax Billing Information

Indicate the names and addresses where subsequent tax bills are to be sent for each new parcel created. Attach additional pages if necessary.

#### Property 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### Property 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**ATTACHMENTS:** Please provide all of the following with your application.

- A survey, sealed by a professional surveyor, of the proposed divisions of the parent parcel. This survey must show:
  - Current boundaries (as of 3/31/97)
  - Other divisions made after 3/31/97
  - The proposed division(s) including legal descriptions for each new parcel
  - Date, survey number, scale and north point
  - Dimensions of the proposed divisions
  - Existing and proposed easements, roads and/or rights-of-way
  - Easements for public utilities from each existing and proposed parcel
  - Any existing improvements (buildings, wells, septic systems, etc.)
  - All existing bodies of water and wetlands.
  - Name, seal and signature of professional surveyor who prepared the survey
- Tax Certification from the Clare County Treasurers Office.

- Fill out form L-2602, "Request to Rescind Homeowner's Principal Exemption Affidavit" for each property that has an exemption.
- If the new parcel will be your principal residence, fill out form L-2368, "homeowner's Principal Residence Exemption Affidavit" leaving the Property Tax Identification Number blank. The assessor's office will complete this number when the new parcel ID number is assigned.

**PROPERTY OWNER ACKNOWLEDGEMENT:**

I agree that the statements made above are true to the best of my understanding. If found to not be true, this application and any approval will be void.

I agree that any outstanding special assessments applied to any of the parcels to be combined, will remain with the parcel after combination and that future special assessment adjustments may be applied.

If approved, I agree to register this combination with the Clare County Register of Deeds.

By submitting this application, authority is given to Township representatives to physically view and inspect the property.

The undersigned says that (s)he is the Petitioner involved in this application, and that the foregoing answers and statements herein contained, and the information herewith submitted are, in all respects, true and correct to the best of his/her knowledge and belief.

\*Note – The new "Child Parcels" created from a property split or combination are recognized and brought on to the tax roll in the year following the request.

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Do all parcels have a legal means of ingress/egress? YES / NO

Are all required attachments provided? YES / NO

Does the requested split comply with all requirements of the State Land Division Act? YES / NO

**Assessor Approval:** YES / NO      Date: \_\_\_\_\_

**Township Board**

Supervisor Signature: \_\_\_\_\_

Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_(date)

Denial: \_\_\_\_/\_\_\_\_/\_\_\_\_(date)

Reason for denial: \_\_\_\_\_