

PARCEL DIVISION APPLICATION

South Arm Township  
P.O. Box 304  
East Jordan, MI 49727

AMOUNT \_\_\_\_\_  
DATE \_\_\_\_\_

PERMIT NUMBER

**Applicant Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Phone Number \_\_\_\_\_ (s): E-mail: \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

**Parent Parcel Location:** Street Address: \_\_\_\_\_

**Property ID Number:** \_\_\_\_\_

Request is for: Parcel Division

Zoning District: \_\_\_\_\_ Present Parcel Size: \_\_\_\_\_

Parcel Area to be Reconfigured or Divided from Parent Parcel: \_\_\_\_\_ Parcel Area of  
Remaider \_\_\_\_\_

Number of New Parcels Created \_\_\_\_\_ Number of Divisions Conveyed \_\_\_\_\_ Previous  
Divisions \_\_\_\_\_

Access to New Parcel Provided by: Existing Road Existing Easement New Road New Easement

**Applicant** (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Property Owner** (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The following must be submitted with the application form and fee prior to consideration of final approval:

- One copy of proof of ownership of parent parcel including legal description.
- One copy of a certified survey of the proposed parcel division or lot reconfigurations and remaining parent parcel.
- One copy of the proposed legal descriptions of the proposed parcel division or lot reconfiguration and remaining parcel.

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ Township Assessor Date \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ Zoning Administrato Date \_\_\_\_\_