

PARCEL DIVISION APPLICATION

Fee Amount: \$125.00 Due

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

Remainder

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 Administrator Date