



**APPLICATION FOR LAND DIVISION  
COMBINATION OR BOUNDARY ADJUSTMENT  
SYLVAN TOWNSHIP**

Application Fees:

First 2 Legal Descriptions: \$175.00 \_\_\_\_\_  
Each Additional Description: \$ 25.00 \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

This Application is for  Division  Combination  Boundary Adjustment

**Applicant Information**

**(IF NOT the Property Owner, you must attach a "Letter of Consent to the Application" signed by the Property Owner)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

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

**Property Owner (If Different from Applicant) (Attach additional sheets if more than one owner)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Subject Parcel 1**

Parcel/Tax ID Number: F -06- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

State: Michigan Zip Code: \_\_\_\_\_ Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
(Acres or Sq Ft)

Current Use of the Property: \_\_\_\_\_

Future Use of the Property after Division / Combination: \_\_\_\_\_

**Subject Parcel 2 (Attach additional sheets if more than two parcels)**

Parcel/Tax ID Number: F - 06 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

State: Michigan Zip Code: \_\_\_\_\_ Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
(Acres or Sq Ft)

Current Use of the Property: \_\_\_\_\_

Future Use of the Property after Division / Combination: \_\_\_\_\_

**Attachments**

**This Application must include the following attachments to be considered complete:**

- A completed copy of the Land Division Tax Certification (Attached)
- A drawing of the Parcel(s) prior to the proposed Division(s), Combination or Boundary Adjustment
- A survey prepared by a registered Land Surveyor or Civil Engineer showing the proposed Division(s), Combination or Boundary Adjustment showing:
  1. All new lot sizes
  2. All new legal descriptions
  3. All existing and proposed easements (ingress/egress & utility)
  4. All Road right-of-ways
  5. All existing improvements (buildings, wells, septic systems, driveways, etc. dimensioned to property lines)
  6. All existing bodies of water, wetlands and county drains
- A list of all restrictions & covenants which currently apply to, or run with the land, whether recorded or not
  - Check Here if none
- A list of all restrictions and covenants which the owner intends to place on the land if the Land Division, Combination or Boundary Adjustment is granted
  - Check Here if none
- A copy of the Driveway Permit (Public Roads) or Driveway Permit Waiver (Private Roads) issued by the Washtenaw County Road Commission
- A soil evaluation or septic system permit FOR EACH PROPOSED PARCEL prepared by the Health Department or each properposed parcel to be serviced by a public sewer system.

**Right of Entry**

The filing of this application shall constitute permission from the owner to Sylvan Township to complete an on-site investigation of the Subject Parcel(s) for the purpose of determining the accuracy of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: LAND DIVISIONS, COMBINATIONS, AND BOUNDARY ADJUSTMENTS APPROVED AFTER MAY 15TH WILL BE SEPARATELY ASSESSED THE FOLLOWING YEAR**

**TO BE FILLED OUT BY TOWNSHIP STAFF ONLY**

**Assesor Review**

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Is this a Parent Parcel?
<input type="checkbox"/>	<input type="checkbox"/>	Do all parcels conform to maximum width to depth ratio?
		Number of Proposed Divisions
		Number of Divisions Available
Approved		
<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Date
		Assesor, Sylvan Township
Comments:		
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**Zoning Administrator Review**

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Do all parcels meet the minimum lot size requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Do all parcels meet the minimum road frontage requirements? If Not:
<input type="checkbox"/>	<input type="checkbox"/>	Will the parcels meet the township ordinance for private, shared, and exclusive access driveways?
<input type="checkbox"/>	<input type="checkbox"/>	Do any of the actions requested create a parcel with an accessory building and no dwelling?
<input type="checkbox"/>	<input type="checkbox"/>	Do any of the actions requested create building within an existing setback?
<input type="checkbox"/>	<input type="checkbox"/>	Do all parcels have a legal means of ingress/egress?
<input type="checkbox"/>	<input type="checkbox"/>	Do the requested divisions result in more than three parcels on a shared driveway?
Approved		
<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Date
		Zoning Administrator, Sylvan Township
Comments:		
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### Land Division Tax Certification

Pursuant to the Land Division Act 288 of 1967, MCL 560.109(1)(i), this certificate certifies that current and the preceding years of taxes on this date, \_\_\_\_\_ have been paid for the following parcel to be divided:

**Parcel Information:**

Parcel Number: \_\_\_\_\_  
 (If dividing multiple parcels, please fill out a separate form for each parcel)

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

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

Legal Description (If additional space needed, please attach separate sheet):  
 \_\_\_\_\_

**Owner Information:**

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

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

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

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

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

If this parcel was split from or combined from other parcels in the last 5 years and is in the City of Ann Arbor, Scio Township, or Ypsilanti Township, please attach a list of parcel numbers for the parent parcel(s).

Certifications are required in no particular order. This form will be returned to the owner unless otherwise requested.

#### Washtenaw County Treasurer Certification (\$5 Statutory Fee):

Sec. 135 Act 206, 1893 as Amended – (Sec. C.L. 1929) Date: \_\_\_\_\_  
 I hereby certify that there are no tax liens or titles held by the State of Michigan on lands described below, and that there are no tax liens or titles held by individuals on said lands for all years preceding the first day of March and that the taxes for said period are paid, pending subsequent decisions by the Board of Review, the Michigan Department of Treasury, the Michigan Tax Tribunal, or the State Tax Commission.

Washtenaw County Treasurer

Split Certificate Number: \_\_\_\_\_

#### City/Township/Village Treasurer Certification:

Sec. 135 Act 206, 1893 as Amended – (Sec. C.L. 1929) Date: \_\_\_\_\_  
 I hereby certify that, pending subsequent decisions by the Board of Review, the Michigan Department of Treasury, the Michigan Tax Tribunal, or the State Tax Commission, current year's taxes issued to date have been paid:

Summer Bill: \_\_\_\_\_ Village Bill: \_\_\_\_\_ Winter Bill: \_\_\_\_\_

Signature / Initials: \_\_\_\_\_ Name & Title: \_\_\_\_\_

#### Office of the Water Resources Commissioner Certification:

Sec. 135 Act 206, 1893 as Amended – (Sec. C.L. 1929) Date: \_\_\_\_\_  
 I hereby certify that all multi-year drain debt costs apportioned to this parcel have been paid:

Drain Project Name: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Signature / Initials: \_\_\_\_\_ Name & Title: \_\_\_\_\_

Original:          Retained by Customer          Copy:          Filed with Township or City Assessor