



VILLAGE OF MANCHESTER
 912 CITY ROAD P.O. BOX 485
 MANCHESTER, MI 48158
 (734) 428-7877 FAX: (734) 428-1877
 WWW.VIL-MANCHESTER.ORG

APPLICATION FOR LAND DIVISION OR COMBINATION

Application Date: _____

APPLICANT IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

E-mail Address: _____

Owner's Name: _____ Telephone: _____

Address: _____

E-mail Address: _____

PROPERTY IDENTIFICATION AND PROPOSED DIVISION:

Original

Proposed

	<u>Original</u>	<u>Original</u>	<u>Proposed</u>	<u>Proposed</u>
Platted Lot Number				
Tax ID Number				
Number of Parcels				
Lot Width				
Lot Depth				
Total Parcel Area				
Number of Structures				

REQUIRED DRAWINGS:

Attach a site plan indicating the location and distances from structure(s) to the proposed lot lines and easements. Pre and post legal descriptions and plot plans are required.

Are there public restrictions and/or easements recorded for the parcels? Yes No If yes, attach a true copy of same to this application.

Are there any special assessments on this property? Yes No If yes, they must be paid in full before this application can be approved.

APPLICANT'S STATEMENT:

I hereby state that the information that I have provided in this application is complete, true and correct to the best of my knowledge and I have reviewed the additional regulations as noted below. By signing this application, I grant permission to Village personnel to enter upon property as described for review purposes.

Applicant's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

Over>>>

For Office Use Only:

Fee: Preliminary \$ 350.00

Date Paid: _____

Received by: _____

Approved Denied

Date: _____

Reasons for denial (if applicable):

Village Manager Signature: _____