



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:

	<u>Original</u>	<u>Proposed</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: _____



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