



**CITY OF MANCHESTER**  
 912 CITY ROAD  
 MANCHESTER, MI 48158  
 (734) 428-7877 FAX: (734) 428-1877

**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>>>

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**For Office Use Only:**

Fee:  Preliminary \$ 350.00

Date Paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved  Denied

Date: \_\_\_\_\_

Reasons for denial (if applicable):

\_\_\_\_\_

\_\_\_\_\_

City Manager Signature: \_\_\_\_\_

