LAWRENCE TOWNSHIP - COMBINATION APPLICATION 411 N. Paw Paw St, P.O. Box 445 Lawrence, MI 49064

Land division questions: Ben Brousseau 269-655-1144 <u>ben.apgllc@gmail.com</u> Zoning questions: Christopher Mihelich 269-539-9074 zoning@lawrence-township.org

ALL QUESTIONS MUST BE ANSWERED AND ALL ATTACHMENTS INCLUDED FOR PROCESSING OF THIS APPLICATION. THIS FORM IS DESIGNED TO COMPLY WITH APPLICABLE ZONING, LAND DIVISION ORDINANCES AND PA 591 OF 1996 AND PA 87 OF 1997.

| APPLICABLE ZONING, LAND DIVISION ORDINANCES AND PA 591 OF 1996 AND PA 87 OF 1997. IN THE BOX LISTED BELOW, PRINT WHERE YOU WANT THIS FORM SENT WHEN COMPLETE | |
|--|---|
| | NAME |
| | ADDRESS |
| | CITY, STATE, ZIP |
| | EMAIL |
| FEE IS NON-REFUNDABLE FOR VOID OR DENIED APPI APPLICATIONS MAY BE SUBMITTED AS FOLLOWS: 1. SUBMITTED TO THE TOWNSHIP OFFICE WI CODE INSPECTIONS, LLC. 2. PDF FILE OF APPLICATIOIN AND SUPPORTI PERMITS.MCILLC@GMAIL.COM AND PAYM MCILLC.US | TH CHECK PAYABLE TO MICHIGAN NG DATA CAN BE EMAILED TO |
| 1. PARCEL ID#'S OF ALL PARCELS TO BE COMBINED THE IDENTICAL OWNERSHIP TO BE COMBINED | |
| 2. PROPERTY OWNER INFORMATION: NAME: ADDRESS: PHONE: () EMAIL: | |
| 3. ATTACHMENTS: (ALL ATTACHMENTS MUST BE INC PROCESSED). LETTER EACH ATTACHMENT AS SHOW DESCRIPTION TO CORRESPOND WITH SURVEY. | CLUDED FOR APPLICATION TO BE 'N HERE. LABEL EACH LEGAL |

- ADMINISTRATOR MAY REFUSE ANY MAP/DRAWING. THE SURVEY OR MAP/DRAWING WILL INCLUDE THE FOLLOWING:

 1. THE LABELED PROPOSED COMBINATION.
 - 2. DIMENSIONS AND ACREAGE OF THE PROPOSED COMBINATION.
 - 3. SCALED LOCATION OF ANY IMPROVEMENTS (BUILDINGS, WELLS, SEPTIC SYSTEMS, ETC.).

1"=50', 1"=100', 1"=200', 1"=400', OR 1"=1000'. THE SCALE USED SHALL BEST REPRESENT THE PROPERTY AND IMPROVEMENTS. IF A MAP/DRAWING IS SUBMITTED THE FORTY-FIVE (45) DAY TIME LIMIT IS WAVED. THE ZONING

B. A LEGAL DESCRIPTION FOR THE PARCEL ONCE COMBINED WITH DIMENSION AND ACREAGE.

AFFIDAVIT – I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL WILL BE VOID. FURTHER I AGREE TO COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION. FURTHER I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY WHERE THIS PARCEL DIVISION IS REQUESTED FOR PURPOSES OF INSPECTION TO VERIFY THAT THE INFORMATION ON THE APPLICATION IS CORRECT AT A TIME MUTUALLY AGREED WITH THE APPLICANT. I UNDERSTAND THIS IS ONLY A PARCEL DIVISION WHICH CONVEYS ONLY CERTAIN RIGHTS UNDER THE APPLICABLE LOCAL LAND DIVISION ORDINANCE, THE LOCAL ZONING ORDINANCE, AND THE STATE LAND DIVISION ACT AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUTE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTION OR OTHER PROPERTY RIGHTS. TOWNSHIP LAND DIVISION APPROVAL IN NO WAY GUARANTEES THE ISSUANCE OF A BUILDING PERMIT. I REALIZE THAT THE OWNER SPLITTING THE ORIGINAL PROPERTY CAN ASSIGN FUTURE DIVISIONS REMAINING TO SPECIFIC PARCELS. IF NO LOCATION OF THESE "LEFTOVER" SPLITS IS DESIGNATED THEY ARE AUTOMATICALLY ASSIGNED TO THE REMAINING PARENT PARCEL CREATED [SEE SECTION 109(2) OF THE STATUTE. MAKE SURE YOUR DEEDS INCLUDE BOTH STATEMENTS AS REQUIRED IN SECTION 109(3) AND 109(4) OF THE STATUTE!. I ALSO REALIZE THAT TAXES MUST BE PAID IN FULL ON THE PARENT PARCEL FOR THE DEEDS TO BE RECORDED AND THE SPLIT TO BE PROCESSED AT THE COUNTY LEVEL AND THAT I MUST SUPPLY RECORDED OR UNRECORDED DOCUMENTS TO THE TOWNSHIP TO FINALIZE THE DIVISION.

| the year after approval to ensure p | tments and combinations are completed for the assessment roll roper appeal rights. This approval will need to be given to all |
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| | including realtors and title agents. The Township does not This is an agreement between buyer and seller or handled by |
| | |

DATE

PROPERTY OWNER'S SIGNATURE

OFFICE USE ONLY, PLEASE DO NOT MARK IN BOXES BELOW.

| PARCEL ID#(S) | |
|-------------------------------|------|
| APPROVED: CONDITIONS, IF ANY | |
| DENIED:REASONS | |
| | |
| SIGNATURE – ZONING OFFICIAL | DATE |
| SIGNATURE – TOWNSHIP ASSESSOR | DATE |