

FEE: \$150.00

TOWNSHIP OF CLAY

APPLICATION FOR LAND DIVISION / COMBINATION / RECONFIGURATION

- Land Division
- Combination
- Reconfiguration

This form is designed to comply with the Michigan Land Division Act, Local Zoning and Ordinance #128

Owner Name: _____

Applicant ** Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

** must submit written authorization if not owner

How many parcels of property are there now, **BEFORE** the land division/combination or reconfiguration? _____

How many parcels will there be **AFTER**? _____

List the parcel identification numbers of all existing parcels **BEFORE** the land division or combination

- Parcel 1: 74-14-_____-_____-_____
- Parcel 2: 74-14-_____-_____-_____
- Parcel 3: 74-14-_____-_____-_____
- Parcel 4: 74-14-_____-_____-_____
- Parcel 5: 74-14-_____-_____-_____
- Parcel 6: 74-14-_____-_____-_____

REQUIRED ATTACHMENTS: *Applications submitted without ALL attachments will be deemed incomplete*

- [] 2 Copies of **Survey (s)** with the following items:
 1. Scale must be indicated
 2. Current boundaries of parent parcel & boundaries/dimensions of proposed parcel(s)
 3. Existing and/or proposed right of ways or easements
 4. Existing improvements (buildings, wells, septic, driveways)
 5. Set back measurements for new parcels that have buildings
- [] 2 Copies of **Legal Description(s)** of Parent Parcel and all Proposed Parcels
- [] 2 Copies of **Approvals (If Applicable)** from: Detroit Edison, SEMCO Energy, and St Clair County Road Commission
- [] Fee of **\$150.00 paid** upon submitting application.
- [] Proof of Taxes/Special Assessments Paid on all parcels
- [] Proof of Ownership or written authorization if Applicant is not the property owner
- [] St Clair County GIS request form & invoice. (Owner to mail \$25 fee directly to St. Clair County)

AFFIDAVIT and permission for Municipal, County and State Officials to enter the property for inspection.

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. I further, agree to give permission for officials of the Municipality, County, and the State of Michigan to enter the property where this parcel division is proposed 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, as amended, and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights. Finally even if this division is approved, I understand zoning, local ordinance and State Acts change from time to time, and if changed the divisions made here must comply with the new requirements (apply for land division approval again) unless deeds, and land contacts, leases or surveys representing the approved division are recorded with the Register of Deeds or the division is built upon before the changes to the laws are made.

**** Property owner is responsible for recording new deeds for property(s) upon application approval ****

Signature: _____ Date: ____/____/____
Property Owner or Authorized Applicant

OFFICE USE ONLY

Township Assessor

Approved _____ Denied _____ Denial Reason: _____

Comment(s): _____ Date Received: ____/____/____

_____ Date Reviewed: ____/____/____

Building Official

Approved _____ Denied _____ Denial Reason: _____

Comment(s): _____ Date Received: ____/____/____

_____ Date Reviewed: ____/____/____

Water Department Supervisor

Approved _____ Denied _____ Denial Reason: _____

Comments(s): _____ Date Received: ____/____/____

_____ Date Reviewed: ____/____/____

Fire Department Supervisor

Approved _____ Denied _____ Denial Reason: _____

Comment(s): _____ Date Received: ____/____/____

_____ Date Reviewed: ____/____/____

Final Determination: Approved _____ Denied _____ Date ____/____/____

Sent to County GIS ____/____/____

Sent to Owner ____/____/____

Approval from the following departments must be obtained (*If applicable*) and submitted with the completed application to the Clay Township Assessing Department.

1. St. Clair County Road Commission

21 Airport Drive
St. Clair MI 48079
810-364-5720

[Tonya Crawford- email: tcrawford@stclaircounty.org](mailto:tcrawford@stclaircounty.org)

* a copy of all survey's & descriptions is required

2. Utilities for Right of Way or New Service approvals

DTE Energy
NE Planning and Design
15600 19 Mile Rd
Clinton Twp. MI 48038
586-412-4780

cavanahcc@dteenergy.com

* a copy of all survey's & descriptions is required

Semco Gas Company
1411 Third St
Port Huron MI 48060
810-887-3041 Patrick Hurd

Patrick.hurd@semcoenergy.com

*a copy of all survey's & descriptions is required

3. St. Clair County GIS

Attn: Laurie Ebner
200 Grand River Ave
Port Huron, MI 48060
810-989-6920

lebner@stclaircounty.org

* Clay Township will email the County request form. Please send a copy of the invoice along with \$25 payment directly to the county GIS Dept.

Completed applications and documents will be reviewed by the following Clay Township Departments: Assessing, Building/Zoning, DPW and Fire Department (Approx. 10-14 Days)