

EVERETT TOWNSHIP LAND DIVISION APPLICATION/PERMIT - WORKSHEET

Address/Location of Subject Property					
Parcel # of Subject Property					
Current Zoning & Use of Parent Parcel					
Applicant Information					
Name		Organization			
Address		City/State/Zip			
Phone:		Fax			
I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.					
Signature		Date			
Applicant is the <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Optionee <input type="checkbox"/> Contractor/Architect/Agent					
If the applicant is not the owner of the property, complete the following					
Owner's Name					
Address		City/State/Zip			
Phone		Signature			
Owner's signature constitutes permission on the part of the owner to submit this application. Not required if the applicant has an signed option or purchase agreement or other legal interest					
Required Exhibits (Attach)					
Exhibit #1	Legal description of property to be divided, including existing easements & covenants of parent parcel.				
Exhibit #2	Map of Parent Parcel - fully dimensioned				
Exhibit #3	Drawn survey and legal description for all parcels to be created, including all remnants, adjacent structures, wells and septic areas within 100 feet of any proposed property line.				
Exhibit #4	Information regarding any existing floodplain or wetland areas, defined on the drawn survey.				
Exhibit #5	Map or written description of any previous Land Divisions from the parent parcel including the size, number, and date of recording of divisions.				
Exhibit #6	County Road Commission Permit for drive access to public road (if applicable).				
Exhibit #7	Evidence of approval from the County Health Department for on-site water supply & sewage disposal.				
Exhibit #8	Narrative regarding the number of lots created their area, proposed use and means of access to a public or private road. Include information regarding whether or not the parent parcel will retain and future land division rights or how many divisions will be transferred to each new lot.				
Exhibit #9	Copies of easements, restrictive covenants, or other attachments to the land.				
TO BE COMPLETED BY TOWNSHIP					
Date Accepted		Fee Paid		\$	
Materials Received		Exhibits			
Accepted by					
Considerations	Frontage on Lake or River? __Y__N	Any portions floodplain? __Y__N	Any portions in wetlands? __Y__N	Property currently in PA 116? __Y__N	All new lots frontage and lot area conforming?
					Existing structure setbacks, lot sizes and frontages left conforming?
Final Action	Approved		Approved w/Conditions (attached)		Denied
Signature	ZA:		Assessor:		
Date of Final Action					
Note: Approval necessary before recording, or legal action will result. Void if not recorded within 90 days of the approval date.					

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Holly Moon
County of Newaygo
Office of the Treasurer
P.O. Box 885, White Cloud, MI 49349
Phone: 231.689.7230

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number: _____

Certification Fee \$5.00 per parcel

Please attach a description of the parent parcel/parcels to be divided/combined.

☐ **CERTIFICATION – Local Unit Approval – No unpaid current year taxes at this time.**

☐ **CERTIFICATION DENIED**

The Newaygo County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

☐ **CERTIFICATION APPROVED**

Pursuant to House Bill 4055, the Newaygo County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification includes taxes, if any, now in the process of collection by the City, Village or Township Treasurer. A **Certification Fee of \$5.00** is due and payable to Newaygo County Treasurer, P.O. Box 885., White Cloud, MI 49349.

Certified by: _____ Date Certified: _____