



BAY TOWNSHIP – CHARLEVOIX COUNTY

05045 Boyne City Road • Boyne City, Michigan 49712

Phone (231) 582-3594 baytownshipmi.org

LOT SPLIT/ ADJUSTMENT/COMBINATION APPLICATION

- Call the Zoning Administrator (Ron Van Zee) at (231) 497-4701 or zoning@baytownshipmi.org for any questions.
- Answer all questions and include all required attachments.
- Attach a check payable to “Bay Township” for \$125.
- Return completed application to: Bay Township Zoning Administrator
05045 Boyne City Rd.
Boyne City, MI 49712

This form is designed to comply with Section 108 and 109 of the Michigan Land Division Act (formerly the Subdivision Control Act P.A. 118 of 1967, as amended, particularly by P.A. 591 of 1996 and P.A. 87 of 1997, MCL 560.101 et. Seq.)

1. LOCATION OF LOT & PROPERTY IDENTIFICATION NUMBER

Address: _____

Subdivision Name: _____

Parent Parcel Identification Number: 15-001- _____ - _____ - _____

Parent Parcel Legal Description (Describe or attach legal survey):

2. PROPERTY OWNER INFORMATION

Owner(s) Name(s): _____

Owner(s) Address: _____

Phone No.: (____) _____ E-mail: _____

3. PROPOSED SPLIT/ADJUSTMENT OR LOT COMBINATION SHALL INCLUDE THE FOLLOWING

- Number of proposed new lots: _____
- Intended Use (Residential, Commercial, etc.): _____
- Each proposed lot has a depth to width ratio of 4 to 1 or ____ to ____ as provided by the Zoning Ordinance.
- Each new lot width: _____ (not less than required by the Zoning Ordinance)
- Each new lot has an area of : _____ (not less than required by the Zoning Ordinance)
- The split of each lot provides access as follows (check one):

_____ Frontage on an existing public road
Road Name: _____

_____ Frontage on a new public road
Proposed Road Name: _____

_____ Frontage on a new private road
Proposed Road Name: _____

G. Describe or attach a legal description of the proposed new road, easement or shared driveway: _____

H. Describe or attach a legal description of each proposed new lot: _____

4. DEVELOPMENT SITE LIMITS (Check each which represents a condition which exists on the parent parcel)

- Waterfront property (river, stream, lake, pond, etc.)
- Is within a flood plain
- Includes a wetland(s)
- Includes a beach
- Is on muck soils or soils known to have severe limitations for on-site sewage system

5. ATTACHMENTS (All the following attachments **MUST** be included; letter each attachment as shown)

- A. A scale drawing for the proposed split or combination of the parent parcel shall show the following:
 - 1) Current boundaries (as of March 31, 1997)
 - 2) All previous divisions made after March 31, 1997 (indicate when made or none)
 - 3) The proposed combination/split(s)
 - 4) Dimensions of the proposed combination/split
 - 5) Existing and proposed road/easement right-of-way(s)
 - 6) Easements for public utilities from each parcel that is a development site to existing public utility facilities
 - 7) Any existing improvements (buildings, wells, septic systems, driveways, etc.)
 - 8) Any of the features checked in question No. 4
- B. Indication of approval, or permit from the Charlevoix County Road Commission (CCRC), that a proposed easement that provides vehicular access to an existing road or street meets applicable CCRC standards.
- C. A \$125.00 fee.

6. IMPROVEMENTS

Describe any existing improvements (buildings, well, septic, etc.) which are on the parent parcel or indicate "none" if applicable

7. ACKNOWLEDGEMENT

The undersigned acknowledges that any Lot Split/Combination Application approval is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved lot split/combination is subject to such changes that may occur before the recording of the division or the development of the parcels.

I authorize Bay Township (staff, appointed board and/or commissions, or committee members) to enter upon the subject property for purposes of making inspections related to this application. Such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all the above information is accurate to my fullest knowledge.

Property Owner's Signature(s): _____

Signature(s): _____

Date: _____

<u>For Office Use Only</u>	
	Reviewer's Action
Total Fee Paid: \$ _____	Date Application Completed: _____
Check No.: _____	Reviewers Signature: _____
Planning Commission Review Date: _____	Planning Commission Action: _____
Bd. Of Trustees Review Date: _____	Bd. Of Trustees Action: _____
Reasons: _____	
