

Village of Edmore

LAND DIVISION APPLICATION

Property Owner: _____

Mailing Address: _____

Phone Number: _____

Property Address: _____

Parent Parcel No: Date **59-041-**_____

Acquired: _____ Size of parcel @ purchase: _____

Date of last division: _____

Total Splits to date: _____ Requested Spilts _____

Parent Parcel: _____ Split Parcel(s), _____

Note: A parcel map, drawn to scale, must accompany each application detailing the following specifications: acreage/square footage of each parcel, dimensions, location of public utility easements, accessibility to each parcel, lot width to depth ratio, & set backs of any existing buildings.

Owners signature _____ Date _____

_____ (FOR OFFICE USE ONLY) _____

Date Zoning Administrator Received application: _____

Attachment Checklist:

Tentative Parcel maps drawn to scale (must be submitted with each application)

- Area
- Parcel lines and dimensions
- Legal descriptions
- Public Utility Easements
- Accessibility (Driveway/easement locations)
- Set backs
- Lot width to depth ratio

Land Division History Nonrefundable Filing Fee Received on: _____

Received by: _____

Village of Edmore

Land Division Application

Approval / Disapproval

FOR OFFICE USE ONLY

Applicant: _____

Application date: ___ Parcel _____ Filing Fee: ___ Requested documents rec'd: _____

Approved / Disapproved

If approved with contingency: _____

If disapproved, reason for disapproval

Signature of Edmore Village Manager

Date

APPROVAL OF A DIVISION IS NOT A DETERMINATION THAT THE RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS INCLUDING, BUT NOT LIMITED TO, ZONING ORDINANCES.

THE VILLAGE OF EDMORE COUNCIL MEMBERS, EMPLOYEES AND / OR REPRESENTATIVES ARE NOT LIABLE IF A BUILDING PERMIT IS NOT ISSUED AS A RESULT OF THIS ACTION.

209 S. Sheldon St., P.O. Box 170, Edmore, Michigan 48829
Telephone: (989) 427-5641 Fax: (989) 427-5895

Village of Edmore

Remarks: _____

Zoning Administrator

Date

Date Home Township Assessor received application: _____

Divisions Allowed: _____

Remarks: _____

Assessor

Date