

Maple Valley Township

Mail to: Amanda Toomey 5090 E 92nd St Newaygo, MI 49337

Name and address where form is to be sent when review is completed:

Address: _____ Road Name: _____

Legal description of parent parcel (attach extra sheet if needed): _____

Name: _____ Phone: (____) _____ Fax: _____

City: _____ State: _____ Zip: _____

Contact Person's Name: _____

Business Name: _____ Phone: (____) _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

A. Number of new parcels: _____ **B.** Intended use (Residential, Commercial, etc.) _____

C. Legal description of each proposed new parcel (attach extra sheets if needed): _____

_____ is riparian or littoral (river or lake front property)? _____ includes a wetland?

____ includes slopes more than 25% (1 to 4 pitch or steeper)? _____ is within a flood plain?

_____ is known or suspected to have an abandoned well, underground storage tank or contaminated soils?

A. SURVEY, sealed by a professional surveyor of proposed division(s) of parent parcel; OR a

_____ boundaries as of March 31, 1997.

all divisions made after March 31, 1997.

_____ proposed division(s) with accurate dimensions shown.

____ proposed division(s) marked at site.

existing and proposed road/easement rights-of-way (66 ft.).

_____ easements for public utilities from each parcel to existing public utilities.

____ any existing improvements (buildings, wells, septic systems, driveway, etc.).

____ any of the features answered with a Yes in question number 5 above.

B. ZONING APPROVAL: A separate Zoning Permit will be needed before any type of building can be started.

C. HEALTH DEPARTMENT APPROVAL: This is needed if the parcel is less than 1 AC (43,560 sq. ft) Signed Health Department approval for on site water supply and sewage disposal.

7. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspection:
I hereby certify that the information contained on this application is true, and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with the conditions and regulations provided with this parcel under all applicable State and Local regulations. **Deed and other conveyance will include statements required by Public Act 591 of 1996 as to whether the right to make further divisions is proposed to be conveyed and the required statement regarding the Michigan right to farm act. See Item 8.** Further, I agree to give permission for officials of the local municipality, county and the State of Michigan to enter the property where this parcel division is proposed for the purposes of inspection to verify that the information on this application is correct.

Property Owner's Signature: _____ Date: _____

8. RIGHT TO FARM & LAND DIVISION WORDING -**This property may be located Within the vicinity of farmland or farm operation. Generally accepted agricultural aid management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act.**

When doing a Land Division you must insert a number on the blank line in the following when it appears on the deed. **The Grantor grants to the Grantee the right to make the _____ divisions under the Land Division Act, Act No. 288 of the Public Acts of 1967.**

9. FEES INVOLVED - The fee for Land Division in \$25 per each new legal description.
Check must clear for Approval to be valid. Make Check payable to Maple Valley Township Treasurer and return with this application to: Amanda Toomey 5090 E 92nd St Newaygo, MI 49337
10. You must obtain a Land Division Certification from Montcalm County Treasurer for EACH parcel involved in the Split/Lot Line Adjustment/Combine.

DO NOT WRITE BELOW THIS LINE

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<u>REVIEWER'S ACTION</u>	Number of new parcels _____	TOTAL FEE \$ _____
		Receipt No. _____

____ APPROVED:
Assessor's signature: _____ Date: _____
Zoning Admin. signature: _____ Date: _____
(Conditions if any) _____

A Document (Survey or Deed) needs to be recorded within 90 days of approval to complete this Land Division

____ DENIED:
Assessor's signature: _____ Date: _____
Zoning Admin. signature: _____ Date: _____
(Reasons) _____
