

**CITY OF MASON**  
Land Division/Combination/Conveyance Application

Approval of a division of land is required **before it is sold.** This form is designed to comply with the Michigan Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996). MCL 560.101 ct.seq.), City of Mason's Land Division Ordinance No. 131, and applicable local zoning ordinances.

You **MUST** answer all questions and include all attachments, or this application will be returned to you.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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**LOCATION OF PARENT PARCEL**

Parent parcel number: 33-19-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Property Address: \_\_\_\_\_

Legal description of Parent Parcel (attach extra sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_-\_\_\_\_-\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**APPLICANT INFORMATION (IF NOT THE PROPERTY OWNER)**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_-\_\_\_\_-\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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**FUTURE DIVISIONS**

Will there be any future divisions that might be allowed, but not included in this application? \_\_\_\_\_  
The number of future divisions being transferred from the parent parcel to another parcel? \_\_\_\_\_  
Identify the other parcel: \_\_\_\_\_  
(See section 109(2) of the Statute: Make sure your deed includes both statements as required in section 109(3) and 109(4) of the Statute.)

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**ATTACHMENTS** (all attachments must be included)

Letter each attachment as shown here.

- \_\_\_\_\_ A. 1. A survey, sealed by a professional surveyor at a readable scale, of proposed division(s)/combination(s)/conveyance(s)
- OR**
2. A map/drawing drawn to a readable scale, of proposed changes to the parent parcel and the 30 day time limit is waived until a professional survey can be submitted:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The survey or map must show:

- 1) Current boundaries (as of March 31, 1997), and
  - 2) All previous divisions made after March 31, 1997 (indicate when made or none),  
and
  - 3) The proposed division/combination/conveyance, and
  - 4) Dimensions of the proposed division/combination/conveyance, and
  - 5) Existing and proposed road/easement rights-of-way, and
  - 6) Easements for public utilities from each parcel to existing public utility facilities, and
  - 7) Any existing improvements (buildings, wells, septic system, driveways, etc.)
  - 8) Any of the features checked in question number 6.
- \_\_\_\_\_ B. A soil evaluation or septic system permit for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public sewer system.
- \_\_\_\_\_ C. An evaluation/indication of approval will occur, or a well permit for potable water for each proposed parcel prepared by the Health Department, or each proposed parcel is serviced by a public water system.
- \_\_\_\_\_ D. Indication of approval, or permit from County Road Commission, MDOT, or respective city/village street administrator, for each proposed new road, easement or shared driveway.
- \_\_\_\_\_ E. A copy of any transferred division rights (S109(4) of the Act) in the parent parcel.
- \_\_\_\_\_ F. A fee of \$ \_\_\_\_\_.
- \_\_\_\_\_ G. Proof of all taxes paid.
- \_\_\_\_\_ H. Other

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**AFFIDAVIT**

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/combination. Further, I agree to give permission for officials of the municipality, county and the State of Michigan to enter the property where this parcel division/combination is proposed for purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. Finally, I understand this is only a parcel division/combination which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights).

Finally even if this division/combination is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed the divisions/combination made here must comply with the new requirements (apply for division/combination approval again) unless deeds, land contract, leases or surveys representing the approved divisions/combination are recorded with the Register of Deeds or the division/combination is built upon before the changes to laws are made.

Property Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**ASSESSOR'S ACTION**

\_\_\_\_\_ Approved  
List any conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Denied  
State reasons for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Special Assessment- South Cedar Street Sewer Suspension.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ZONING ADMINISTRATOR'S ACTION**

\_\_\_\_\_ Approved  
List any conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Denied  
State reasons for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_