

Application for Lot Split in a Recorded Subdivision

City of East Tawas ♦ 760 Newman Street ♦ PO Box 672 ♦ East Tawas, Michigan 48730-0672
 phone (989) 362-6161 ♦ fax (989) 362-6736 ♦ cityhall.etch@charterinternet.com ♦ www.easttawas.com

Owner(s):	Applicant: (if other than owner)
Mailing Address:	Mailing Address:
Phone:	Phone:
Location of Property to be Divided:	Property Code No:

**All questions on the application must be answered and all supporting documentation must be attached.
 Failure to fully comply in this respect will result in the application being returned to the applicant.**

<p>Attach a copy of any deed, land contract, or lease for a period greater than one year which evidences the applicant's interest in the property.</p> <p>Will the resulting parcels meet the City's zoning requirements for the zoning district in which it is located? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Have there been any prior splits of this parcel? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, please attach copies of the previous divisions.)</p> <p>Are there any existing buildings on this parcel? <input type="checkbox"/> yes <input type="checkbox"/> no (If yes, please indicate the location of each building on the drawing being submitted with this application.)</p> <p>Each new parcel has or will have access by (check all that apply):</p> <p><input type="checkbox"/> frontage along an existing public road</p> <p><input type="checkbox"/> a new public road, proposed name of which is _____</p> <p><input type="checkbox"/> a new private road, proposed name of which is _____</p> <p><input type="checkbox"/> a recorded easement</p> <p>I expressly and specifically understand and agree that any approval given pursuant to the application pertains only to those matters and issues addressed by Act 289 of Public Acts of 1967, Section 265, State of Michigan and Ordinance No. 299 of 2002, City of East Tawas.</p>	<p>Lot Split Checklist (City use only)</p> <p>An application for a lot split shall provide the City with documented proof that the following requirements have been met:</p> <p><input type="checkbox"/> A fully-completed City application form.</p> <p><input type="checkbox"/> Compliance with the minimum requirements of the City's Zoning Ordinance for each resulting parcel.</p> <p><input type="checkbox"/> Compliance with the requirements of the City's Division of Platted Lands Ordinance for each resulting parcel.</p> <p><input type="checkbox"/> Road accessibility for each resulting parcel by:</p> <p>1. Public road frontage which meets Road Commission driveway location standards; or</p> <p>2. Other _____</p> <p><input type="checkbox"/> A survey or legal description of each proposed parcel, including an accurate legal description (in shortest possible form) of the remainder of the lot from which the resulting parcels are being taken.</p>
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By signing below, owner certifies that the information contained herein is accurate and authorizes the processing of this request.

Owner's(s) Signature:	Date:
Applicant's Signature: (if other than owner)	Date:

DO NOT WRITE BELOW THIS LINE - CITY USE ONLY

Date All Items Received:	Application Fee:	Receipt Number:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:	
Authorized Signature:	Date:	