

DATE: _____

CHECK # OR CASH: _____

**TOWNSHIP OF GERRISH
APPLICATION FOR PARCEL AND/OR PLATTED LOT DIVISION**

A NON-REFUNDABLE FEE OF \$150.00/PLUS \$50.00 PER CHILD PARCEL PAYABLE TO
GERRISH TOWNSHIP IS REQUIRED AT TIME OF APPLICATION.
(Revised January 15, 2014)

APPLICANT :

NAME _____
ADDRESS _____
CITY/STATE _____
PHONE (_____) _____

OWNER OF RECORD (IF DIFFERENT FROM APPLICANT) :

NAME _____
ADDRESS _____
CITY/STATE _____
PHONE (_____) _____

PROPERTY ADDRESS OR LOCATION: _____

LEGAL DESCRIPTION: _____

TAX ID NUMBER: _____ SECTION _____

EXPLAIN PROPOSED DIVISION AND REASON FOR REQUEST _____

WILL FURTHER DIVISION RIGHTS BE ASSIGNED? _____

Owner's Signature

Date

FOR OFFICE USE ONLY

DATE PARCEL WAS LAST DIVIDED _____

MIN. SQUARE FOOTAGE REQUIRED _____ ZONING DISTRICT _____

ROAD MAINTENANCE AGREEMENT REQUIRED _____

SUBDIVISION NAME _____ DATE PLATTED _____

LOT NUMBER(S) _____

HEALTH DEPARTMENT APPROVAL _____ DATE _____

PRELIMINARY ASSESSOR REVIEW _____ DATE _____

ZONING ADMINISTRATION REVIEW _____ DATE _____

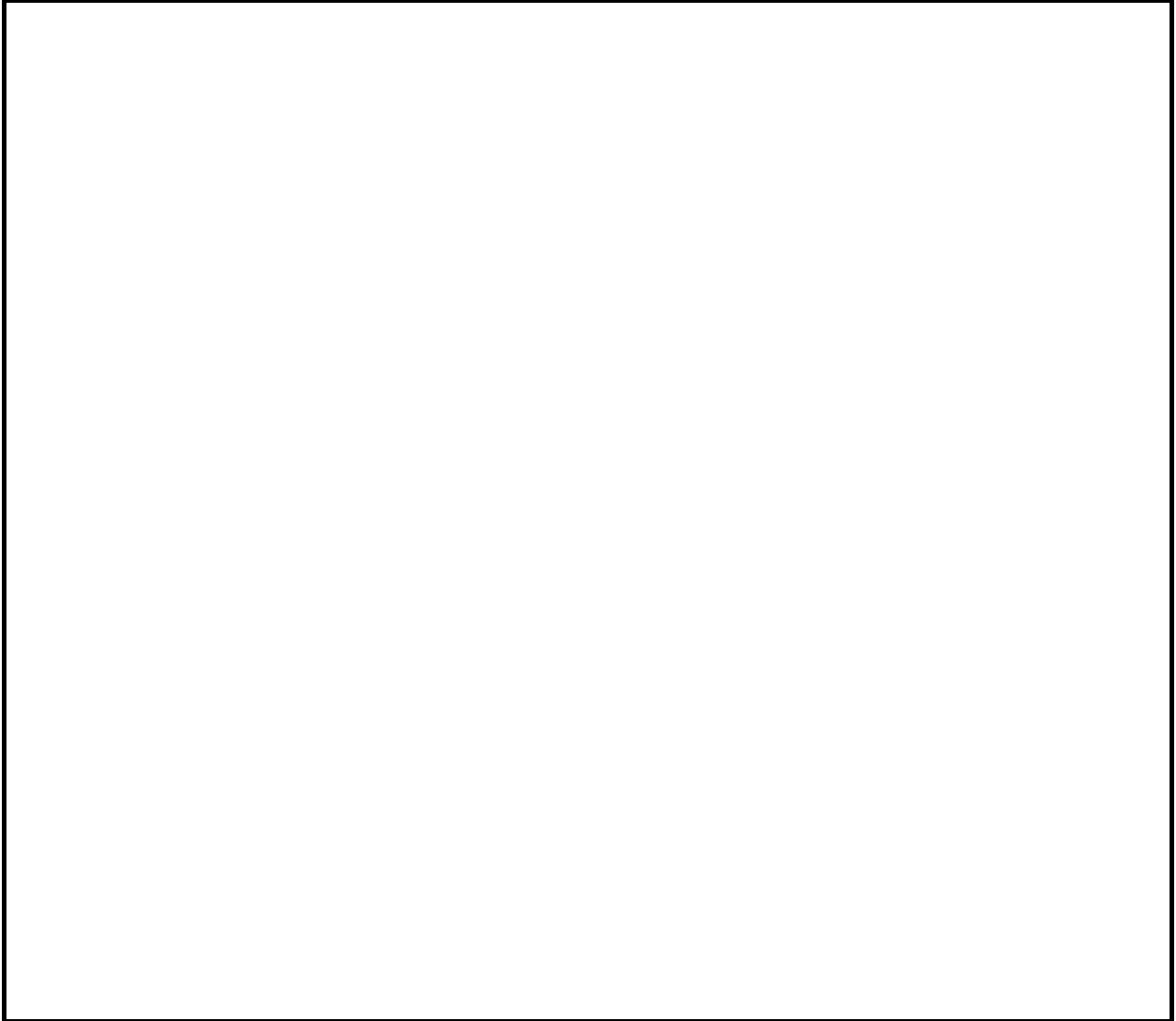
FINAL ASSESSOR ACCEPTANCE _____ DATE _____

TOWNSHIP BOARD APPROVAL _____ DATE _____

RECORDED SURVEY RECEIVED _____ DATE _____

ADMINISTRATION _____

PROVIDE SCALE DRAWING OF SUBJECT PROPERTY WITH ORIGINAL DIMENSIONS AND INDICATE PROPOSED SPLIT BY BOLD LINES ON SAME. INCLUDE ORIGINAL LOT NUMBERS. DO NOT NAME OR NUMBER THE NEW LOTS. INCLUDE ROAD FRONTAGE, EASEMENTS, BUILDINGS OR OTHER PERTINENT INFORMATION. YOU MAY PROVIDE A LARGER DRAWING IF YOU DESIRE.



UPON APPROVAL THE APPLICANT MUST HAVE THE PROPERTY SURVEYED, PROVIDE A LEGAL DESCRIPTION AND HAVE THE DEED RECORDED AT THE COUNTY CLERK=S OFFICE PRIOR TO THE FINAL APPROVAL OF DIVISION(S).