

CITY OF SALINE

100 N Harris St.
Saline, MI 48176-1642
(734) 429-4907, ext 208 or 218

CHANGE OF LAND DESCRIPTION APPLICATION (Split or Combination)

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

APPLICANT INFORMATION

Owners Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

1. LOCATION OF PARCEL:

Property Address(s): _____

Parcel ID Number(s): _____

2. LEGAL DESCRIPTION OF THE PARENT PARCEL (attach extra sheets if needed): _____

3. DESCRIBE THE PROPOSED CHANGE:

A. Number of new parcels: _____

B. Does each proposed parcel provide frontage to an existing public road? (yes or no) _____

C. Intended use: _____

D. Does each resulting parcel that is a development site have adequate easements for public utilities from the parcel to existing public utility facilities? (yes or no) _____

D. Zoning district of parcel(s): _____

E. Minimum lot width required: _____ provided: _____

F. Minimum lot area required: _____ provided: _____

4. ATTACHMENTS (all attachments must be included):

A. Survey by a **REGISTERED ENGINEER OR SURVEYOR** that includes the following:

1. Parent parcel boundaries, area and dimensions, and
2. Parcel lines, area and dimensions of all resulting parcels from the proposed changes, and
3. Existing and proposed road/easement right of way, and
4. Existing and proposed easements for public utilities, and

- 5. Any existing improvements (buildings, driveways, wells, porches, etc), with setback distances from lot lines, and
- 6. Complete legal description of current and resulting parcels.

- B. Proof of ownership (deed)
- C. Proof that all taxes have been paid to date.
- D. Draft Master Deed (if applicable)

I agree that the statements above are true, and if found not to be true, this application and any approval will be void. Further, I agree to give permission for officials of the municipality, county and the State of Michigan, to enter the property where this parcel description change is proposed for purposes of inspection to verify that the information on the application is correct, at a time mutually agreeable with the applicant. I understand that the City's approval of the proposed description change is not a determination that a building permit can or will be issued.

Property Owner's Signature(s) _____

Date _____

Please note that there is a \$50.00 application fee, plus \$25.00 for every new parcel created. Fees are collected at the time of application.

DO NOT WRITE BELOW THIS LINE

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NOTE: APPROVAL OF A PROPOSED DESCRIPTION CHANGE IS NOT A DETERMINATION THAT ANY RESULTING PARCEL COMPLIES WITH OTHER LAND USE ORDINANCES AND/OR REGULATION, OR THAT A BUILDING PERMIT CAN OR WILL BE ISSUED FOR ANY RESULTING PARCEL IN THE FUTURE.

DEPENDING ON THE CHANGE REQUESTED, IT MAY BE NECESSARY FOR APPROVAL AUTHORIZED BY THE CITY OF SALINE PLANNING COMMISSION.

City Assessor
 Signature _____
 Date _____

Approval (yes or no)

City Superintendent/Engineer
 Signature _____
 Date _____

Approval (yes or no)
