

Clark Township
P.O. Box 367
Cedarville, Michigan 49719

Phone 906-484-2672

Fax 906-484-3199
assessor@clarktwp.org

LAND DIVISION APPLICATION

Fee Schedule:
\$150.00 Per requested division
\$75.00 Per Combination
Payable To: Clark Township

Parcel Identification Number (list all applicable to parent tract)
49-003-_____

You must answer all questions and include all attachments and fees or application will be returned to you.

Property Owner

Applicant (if not property owner)

Name _____ Name _____
Address: _____ Address: _____
City, State, Zip _____ City, State, Zip _____
Phone # _____ Phone # _____

Location of parent parcel/tract to be Split or Combined:

Address: _____

Legal Description of Parent Parcel/Tract: (attach additional sheets if necessary)

Division(s) Proposed:

- A. Number of new parcels to be created: _____
- B. Intended Use (circle one) Residential / Commercial / Agricultural / Other _____
- C. Is proposed division accessible by an existing public road? _____ If not, describe how legal access will be provided _____

Write or attach a legal description for each proposed division and its access road/easement. (Identify each proposed division parcel. (For example -- Parcel "A" described as: Parcel "B" described as: access to Parcel "A" described as: etc)

Are any division right being conveyed to the proposed new parcel(s)?

If so, list the parcel, which is receiving division rights and how many it will receive. (ex: Parcel A will receive 2 additional division rights.) Note: any division rights given to newly created parcels will be deducted from the maximum allowable divisions the parent parcel/tract had prior to application.

Parcel _____ Division Rights given: _____ Parcel _____ Division Rights given _____
Parcel _____ Division Rights given: _____ Parcel _____ Division Rights given _____

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_____ Five Year Property Tax Certificate (preceding the date of the form) from County Treasurer Attached.

_____ Any Special Assessment. Must be paid in full.

Reviewers Action

_____ Approved – Condition if any:

Must file new deeds at the County Register of Deeds Office, for this to take affect for the next tax year.

_____ Denied – Reason:

Reviewers Signature and Date _____