

City Assessor

LAND DIVISION/LOT LINE ADJUSTMENT APPLICATION

This application must be complete. All questions must be answered and all attachments must be included with this application or the parcel split being applied for will be delayed or denied.

Incomplete applications will be returned to the applicant.

Return this application to: Assessors Department

City of Cedar Springs Offices

66 S Main St PO Box 310

Note: A separate application must be filed for each parcel to be split.

Cedar Springs MI 49319

(616) 696-1330

Section 1.	Location of Parcel(s) to be split:		
	Address:		
	Parcel # 41		
	Legal Description of Parcel(s) to be split: (attach extra sheet if needed)		
Section 2.	Property owner/applicant information:		
	Name:		
	Address:		
	City:	State: Zip:	
	Phone # ()	Cell # ()	

Sectio	n 3.	Proposal:
	Numb	er of Parcels created by this split:
	Intend	led use ResidentialCommercial Other (describe)
	existin	arcels created by this division will have access to an existing public road by: (check one) _ Each parcel will have access to an existing public road Each parcel will have access to a new approved public road Each parcel will have access to a new approved private road which will connect to an approved public road and meet the standards for the private roads as described in the City of Springs Private Road Ordinance.
		Include legal description and copy of sealed survey for proposed new approved publicate roads with this application.
		Development Site Limits: k each condition, if any, that may apply to the parcel being split.)
	The pa	arcel: is located within 500 ft of a lake, stream, drain, or wetland. Is located in part or wholly within a floodplain.
Sectio	n 5.	Attachments: (all attachments must be included with this application.)
		A survey , sealed by a professional surveyor, of the proposed parcel division(s).
	OR _	An accurate map drawn to scale of the proposed parcel division(s).
The survey or map must show:		
		 The proposed division(s). Dimensions of the proposed division(s). Existing and proposed road easement rights-of-way. Easements for proposed public utilities to each parcel. Any and all existing improvements (buildings, driveways, etc.) Any lakes, streams, ponds, wetlands, etc. Any previous divisions made since March 31, 1997.
	record	Proof of ownership of the parcel to be split (if applicant is not the current owner of per City Tax Records a signed application must be included with the current owners ures).
		Legal descriptions for each parcel resulting from this land division.
		_ A fee of \$100.00 for each <u>new</u> parcel number resulting from this land division.

Proof of paid	property taxes and specia	I assessments for the preceding five
•	Tax Payment Certification Fo	orm for Kent County Treasurer's Office
(see attached) with the fee.		

Section 6. Affidavit:

I, the applicant, declare the above statements to be true, and if any statement is found to be not true, I understand this application and any approval will be void. Further, I agree to comply with the conditions and regulations governing land divisions in the State of Michigan and the City of Cedar Springs. Further, I agree to give permission for officials of the City, Kent County, and the State of Michigan to enter the property where this land division is proposed for purposes of inspection to verify that the information contained in this application is correct. Further, I understand that this is only a land division and that approval of this division does not imply that the resulting parcels comply in any way with local building codes, zoning restrictions, or recorded plat restrictions or covenants, Finally, I understand that state acts and local regulations can change and if changed before an approved division(s) is recorded with the Kent County Register of Deeds Office, then the division(s) applied for must comply with the new requirements.

Applicant's Signature	Date
F	or Office Use Only
Section 7. Reviewer's action:	
Total Fee \$	Check #
Application Date:	(date stamp here)
Approved:	Date:
Denied:	Date:
Reason for denial:	



KENNETH D. PARRISH

Kent County Treasurer 300 Monroe Avenue NW Grand Rapids, MI 49503 Phone (616) 632-7500 Fax (616) 632-7505

Land Division Tax Payment Certification Form

Name:	Phone:
Owner Address:	
Owner City, State, Zip:	
Property Address:	
Property City, State, Zip:	
Parcel ID Number:	_
•	o be split, combined, adjusted or changed. receipt or check for the \$5.00 certification fee.
[] CERTIFICATION DENIED	
The Kent County Treasurer's Office has found delinquent to of tax payment.	axes on the parcel listed above and cannot issue a certification
Delinquent Taxes Owed:	
[] CERTIFICATION APPROVED [] CERTIFICAT	TION FEE OF \$5 COLLECTED
•	Office certifies that all property taxes and special assessments or the five years preceding the date of the application have , now in the process of collection by the City, Village or
Certified by:	Date Certified: