CITY OF FERRYSBURG
17290 ROOSEVELT ROAD
P.O. BOX 38
FERRYSBURG, MI 49409-0038

LAND DIVISION APPLICATION
(Submit to City Clerk)

Date: ______________________

Applicant
Name: ______________________ Phone: ______________________
Address: ____________________________________________
City/State/Zip Code: ____________________________________

Owner
Name: ______________________ Phone: ______________________
Address: ____________________________________________
City/State/Zip Code: ____________________________________

Property Information
Parcel No.: ____________________________________________
Street No.: ____________________________________________

Legal Description of present parcel (attachment 1, on 8 1/2" x 11" sheets):
Previous division(s) of present parcel  {The graphic or written description of each previous land division of this parcel, including the size, number, and date of such divisions.}

Proposed Division
Proposed number of new parcels: ______________________
Intended use: _________________________________________
Potable water: □ City      □ On site (attach OCHD approval)
Sanitary sewer: □ City      □ On site (attach OCHD approval)
Proposed Parcel Map (attachment 2, no larger than 11" x 17"):

1. Scale:
   a. For current parcel 3 acres or less, at least 1"=20'.
   b. For current parcel over 3 acres, at least 1"=100'.
2. Date, north arrow, scale and name of the individual or firm responsible for the completion of the tentative parcel map.
3. Proposed lot lines and other dimensions.
4. Location and nature of proposed ingress and egress locations to any existing public or private streets.
5. The location of any public or private street, driveway, or utility easements to be located within any proposed parcel. Attach copies of the instruments describing and granting such easements.
6. General topographical features including contour intervals no greater than ten feet.
7. The zoning designation of all proposed parcels.
9. The depth to width ratio of each parcel resulting from the proposed land division.
10. The location of each structure on each proposed lot or parcel created by the requested land division, including dimensions in feet from each structure to existing and proposed lot lines.

Proposed legal description of each proposed new parcel (attachment 3, on 8 1/2" x 11" sheets):

Certificate

I agree the statements made above are true, and if found not to be true this Application and any approval will be void. Further, I agree to comply with the conditions and regulations provided with this land division. Further, I agree to give permission for officials of the municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on the Application is correct, at a time mutually agreed with the Applicant. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101, et. seq.), and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights. I understand zoning ordinances, local ordinances and State statutes change from time to time, and if changed the approved division must comply with the new requirements (apply for division approval again) unless deeds, land contracts, leases or surveys representing the approved division are recorded with the Ottawa County Register of Deeds or the division is built upon before the changes to laws are made.

Property Owner’s Signature: ___________________________ Date: _____________

DO NOT WRITE BELOW THIS LINE:

Date Received: ___________________________ Received By: ___________________________

Fee Received: $ ___________________________ Application Referred To: ___________________________

Approved □ ___________________________ Approved □ ___________________________

Denied □ ___________________________ Denied □ ___________________________

______________________________ ___________________________
Assessor Zoning Administrator

Date: ___________________________ Date: ___________________________