

Date request received: _____ Date Official Request Begins: _____
(NOTE: The 45 days for Algansee Township to return an answer to this request does not officially begin until the owner has satisfactorily met all the items indicated on this form)

ALGANSEE TOWNSHIP

REQUEST BY OWNER

TO SPLIT PROPERTY:

(Name)
(Address)
Phone:

Buyer's Name:
Address:
Phone:

OWNER'S SIGNATURE: _____ DATE: _____
(PRINTED NAME)

PARENT PARCEL NUMBER: 12-120 - - - -

Is there a Home/Bldgs on Parent Parcel? Y or N Who will retain the home?
Who will retain buildings?

(Applicant do not write below this line)

(Applicant do not write below this line)

(Applicant do not write below this line)

STEP #1

SEND ALL SPLIT REQUESTS TO : Russ Jennings 159 Dons Rd., Quincy , MI 49082
Phone: (517) 639-3728

- 1 - Is this request made by the **OWNER**? **YES** or **NO** (circle one) If **NO**, the request is **DENIED**
- 2 - Has the **OWNER** provided a reasonable sketch of the existing property and does the sketch also show the requested **SPLIT** with all the dimensions clearly indicated for each of the property lines? **YES** or **NO** (circle one)

If **NO**, describe what the owner(s) needs to provide the Zoning Coordinator before the Assessor can authorize the split for review:

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DOES OWNER'S REQUEST MEET WITH ALL LOCAL ZONING REQUIREMENTS? YES or NO
(circle one)

Signed: _____ Date: _____
Russ Jennings, Zoning Coordinator

STEP #2

REVIEW OF SPLIT REQUEST BY ASSESSOR FOR COMPLIANCE WITH THE 1 APRIL 1997 LANDS DIVISION ACT

- 1 - Did owner supply the **PARENT PARCEL ID #** **Yes** or **NO** (circle one)
- 2 - Did owner include a complete legal description for both the parent and child parcel? **YES** or **NO** (circle one)
- 3 - Did owner provide a legible sketch of the parent parcel? **YES** or **NO** (circle one)
- 4 - Does the sketch show the requested split (child) parcel with all property lines clearly marked with the requested dimensions? **YES** or **NO** (circle one)
- 5 - Does the requested split meet all the requirements of 1997 LANDS DIVISION ACT? **YES** or **NO** (circle one)

Signed: _____ Date: _____
Assessor: Erica Ewers, 1048 Campbell Rd, Quincy, MI 49082 517-639-9074

This request is: **APPROVED** **DISAPPROVED**

(If Approved, Assessor will distribute copies) If **DISAPPROVED**, List reason(s) & Return to Owner:

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Cy to: ___ Zoning Administrator ___ Twp Assessor-Original ___ Land Resource Center

— **Property Owner**