

BROOKS TOWNSHIP LAND DIVISION/BOUNDARY LINE ADJUSTMENT APPLICATION/PERMIT

Address/Location of Subject Property (1):								
Parcel # of Subject Property (1):								
Address/Location of Subject Property (2):								
Parcel # of Subject Property (2):								
Current Zoni	0			Use of Parcels				
Applicant Ir	ntormation	1						
Name:				Organization:				
Address:				City/State/Zip:				
Phone:			Email:	Fax:				
I hereby attest that all information on this application is, to the best of my knowledge, true and accurate and I have the authority to request this land division.								
Signature:				Date:				
Applicant is	the 🗌 Ow	ner 🔲	Lessee O	otionee 🔲 Co	ntracto	r/Architect/Agent		
	If the appl	icant is no	ot the owner of t	he property, cor	nplete t	the following		
Owner's Name:				Address:				
City/State/Zij	o:			Signature:				
Phone:			Email:		Fax:			
The owner's signature constitutes permission on the part of the owner to submit this application. Not required if the applicant has a signed option or purchase agreement or other legal interest.								
Required Exhibits (Attach)								
Exhibit #1	Legal description of property to be divided, including existing easements & covenants of parent parcel.							
Exhibit #2	Drawn survey and legal description for all parcels to be created defined on drawn survey							
Exhibit #3	All new lot frontages and lot areas, conforming measurements defined on drawn survey							
Exhibit #4	Existing structure setbacks including all remnants, adjacent structures, wells and septic areas within 100 feet of any proposed property line defined on the drawn survey							
Exhibit #5	Information regarding any existing floodplain or wetland areas, defined on the drawn survey.							
Exhibit #6	Map of Parent Parcel – Airel view of parcel & surrounding parcels							
Exhibit #7	Copy of deed for remnant non- conforming split being combined with new parcel (If applicable)							
Exhibit #8	County Road Commission Permit for drive access to public road (if applicable).							
Exhibit #9	Copies of easements, restrictive covenants, or other attachments to the land. (Lien, Mortgage, Land Contract, etc.)							
TO BE COMPLETED BY TOWNSHIP								
Date Accepte	∍d:			Accepted by:				
Exhibits:			Fee Paid \$					
Divor2 V N		n in flood Plain? Y N	Any portion in wetlands? Is Property currentlyY N		Is Property currently in PA 116?Y N			
Approved	A	pproved w	//Conditions (attac	hed) Y N	Dei	nied		
Signature & Date Zoning Administrator:								
Signature & Date Supervisor:								
Note: Approval necessary before recording, or legal action will result. Void if not recorded within 90 days of the approval date.								

(REV. 01- 2024) H: Shared Zoning Documents Zoning office manual and content files Land Division2024.doc



Jason O'Connell County of Newaygo Office of the Treasurer P.O Box 885, White Cloud, MI 49349 Phone: 231.689.7230

Land Division Tax Payment Certification Form

Name:	Phone:		
Owner Address:		•	
Owner City, State, Zip:			
Property Address:			
Property City, State, Zip:	and the state of t		
Parcel ID Number:			
Please attach a legal description *Splits and Combinations	are only processed Jun	ne - December each year.	1.
[] CERTIFICATION - Proof of loc [] CERTIFICATION DENIED	cal tax payment or verifi	ication from Treasurer—	
The Newaygo County Treasurer's Office lissue a certification of tax payment.	has found delinquent taxes	s on the parcel listed above and car	nnot
Delinquent Taxes Owed:	-		
[] CERTIFICATION APPROVED			
Pursuant to PA 23, the Newaygo County assessments due on the above parcel subjet the application have been paid. This certification	ect to the proposed divisio	on for the five years preceding the o	date of

assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification includes taxes, if any, now in the process of collection by the City, Village or Township Treasurer. This does not cover taxes during March Settlement by Cities, Village, or Townships. A Certification Fee of \$5.00 is due and payable to Newaygo County Treasurer, P.O. Box 885., White Cloud, MI 49349.

Certified by:	Date Certified:	
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