



Covert Township

Van Buren County, Michigan

P.O. Box 35, Covert, MI 49043 | Phone (269) 764-8986 • Fax (269) 764-1771 | Website: coverttwp.com

LAND DIVISION APPLICATION

APPLICATION FEE PAYABLE TO COVERT TOWNSHIP: **\$125.00** *(per division)*

YOU **MUST** ANSWER ALL QUESTIONS AND INCLUDE ALL ATTACHMENTS, OR YOUR PARCEL DIVISION APPLICATION WILL BE RETURNED TO YOU.

APPROVAL OF A DIVISION OF LAND IS REQUIRED BEFORE IT IS SOLD AND/OR TRANSFERRED, WHEN A **NEW PARCEL IS LESS THAN 40 ACRES** AND NOT JUST A PROPERTY LINE ADJUSTMENT (SEC102E &F).

THIS FORM IS DESIGNED TO COMPLY WITH SEC. 108 AND 109 OF THE MICHIGAN LAND DIVISION ACT, (FORMERLY THE SUBDIVISION CONTROL ACT P.A. 288 OF 1967 AS AMENDED (PARTICULARLY BY P.A. 591 OF 1996 AND P.A. OF 1997, MCL 560 ET.SEQ. (**APPROVAL OF A DIVISION IS NOT A DETERMINATION THAT THE RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS.**

Please Print

1. LOCATION OF PARENT PARCEL TO BE SPLIT:

ADDRESS: _____

PARENT PARCEL IDENTIFICATION NUMBER: _____

PARENT PARCEL LEGAL DESCRIPTION (DESCRIBE OR ATTACH)

2. PROPERTY OWNER INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

3. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING

a) NUMBER OF NEW PARCELS TO BE CREATED: _____

b) INTENDED USE: _____

c) EACH PROPOSED PARCEL, IF 10ACRES OR LESS HAS A DEPTH TO WIDTH RADIO OF 4:1

4. **EACH PARCEL HAS A ROAD FRONT OF _____ (NOT LESS THAN REQUIRED BY TOWNSHIP ORDINANCE).**
5. **EACH PARCEL HAS AN AREA OF _____ (NOT LESS THAN REQUIRED BY TOWNSHIP ORDINANCE).**
6. **THE DIVISION OF EACH PARCEL PROVIDES ACCESS AS FOLLOWS (CHECK ONE):**
a) _____ FRONTAGE EACH NEW DIVISION AS FRONTAGE ON AN EXISTING PUBLIC ROAD.
b) ROAD NAME: _____
c) NEW ROAD PROPOSED NAME: _____
d) NEW PRIVATE ROAD PROPOSED NAME: _____
7. **DESCRIBE OR ATTACH A LEGAL DESCRIPTION OF PROPOSED PARCEL.**
8. **DESCRIBE OR ATTACH A LEGAL DESCRIPTION FOR EACH PROPOSED NEW ROAD, EASEMENT, OR SHARED DRIVEWAY.**
9. **FUTURE DIVISION BEING TRANSFERRED FROM PARENT PARCEL TO NEWLY CREATED PARCEL(S). (SEE SECTION 109(2) OF THE STATUTE. MAKE SURE YOUR DEED INCLUDES BOTH STATEMENTS AS REQUIRED IN 109 (3&4) OF THE STATUTE.**
10. **DEVELOPMENT SITE LIMITS (CHECK EACH WHICH REPRESENTS A CONDITION WHICH EXISTS ON THE PARENT PROPERTY).**
_____ WATERFRONT (LAKE, RIVER, POND, CREEK, ETC.)
_____ INCLUDES WETLAND
_____ WITHIN A FLOOD PLAIN
_____ INCLUDES A BEACH OR BEACH RIGHTS
_____ IS ON MUCK SOILS OR SOILS KNOWN TO HAVE SEVERE LIMITATIONS
FOR SEWAGE SYSTEM
11. **ATTACHMENTS: ALL THE FOLLOWING ATTACHMENTS MUST BE INCLUDED**
a) A SCALE DRAWING THAT COMPLIES WITH THE REQUIREMENTS OF P.A. 132 IF 1970, AS AMENDED FOR PROPOSED DIVISION OF THE PARENT PARCEL SHOWING:
1. CURRENT BOUNDARIES
2. ALL PREVIOUS DIVISION(S) MADE (INDICATE WHEN DIVIDED)
3. THE PROPOSED DIVISION(S)
4. DIMENSIONS OF THE PROPOSED DIVISION.
5. EXISTING & PROPOSED ROAD/EASEMENT RIGHT OF WAY(S)
6. EASEMENTS FOR PUBLIC UTILITIES FROM EACH PARCEL THAT IS DEVELOPMENT SITE TO EXISTING PUBLIC UTILITY FACILITIES.
7. ANY EXISTING IMPROVEMENTS (BUILDING(S), WELL(S), SEPTIC SYSTEM, DRIVEWAY(S), ETC.)

12. IMPROVEMENTS— DESCRIBE ANY EXISTING IMPROVEMENTS (BUILDING(S), WELL(S), SEPTIC SYSTEM, DRIVEWAY(S), ETC.) WHICH ARE ON THE PARENT PARCEL OR INDICATE NONE:

13. PERMISSION FOR TOWNSHIP, COUNTY, AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS.

I agree the statements made are true, and if found not to be true, this application and Township approval will be void. Further, I agree to comply with the conditions and regulations provided with this Land Division, Township Zoning and Ordinance(s). Further, I agree to give permission for officials of the Township, County, and the State to enter the property where this Parcel Division is proposed for the purposes of inspection. Finally, I understand this is only a Parcel Division which conveys certain rights under the applicable Local Land Division 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 and Conveyance of Rights in any other Statute, Building Code, Zoning Ordinance, Deed Restrictions or other Property Rights.

Finally, if this division is approved, I understand Local Ordinances and State Acts change from time to time, and if changed – the division must comply with the new requirements (apply for Division Approval again) unless deeds representing the approved divisions are recording with the Register of Deeds or the division is built upon before the changes to laws are made.

Property Owner Signature: _____ **Date:** _____
Co-Property Owner Signature: _____ **Date:** _____

Covert Township Zoning Official: _____
Approval: _____ **Date:** _____
Denial: _____ **Date:** _____
Reason: _____

Covert Township Assessor: _____
Approval: _____ **Date:** _____
Denial: _____ **Date:** _____
Reason: _____



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Land Division and/or Parcel Combination Tax Payment Certification Form

DIRECTIONS

The purpose of this form is to certify there are no delinquent property taxes on any parcel and/or parcel which is subject to a proposed land division or parcel combination.

When completing this form, please do the following:

- Include the contact information for the owner of the parcel(s): mailing address, phone, email address.
- For the property address and Parcel ID number(s), please list information for any parcel(s)
- Attach the legal description for the parent parcel

This will be verified by the Van Buren County Land Management Department.

If the request is not approved, a detailed explanation will be provided (i.e., delinquent 2018 taxes, incorrect legal description, etc.).

If you have any questions or concerns, please do not hesitate to contact Covert Township Office Manager, Laura Fogarty at 269-764-5138 or the Van Buren County Treasurer's office at 269-657-8228.



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Land Division and/or Parcel Combination Tax Payment Certification Form

Owner Name: _____

Phone: _____

Email: _____

Owner Address: _____

Owner City, State, ZIP: _____

Property Address: _____

Parcel ID Number: _____

Property Address: _____

Parcel ID Number: _____

Property Address: _____

Parcel ID Number: _____

Property Address: _____

Parcel ID Number: _____

All applications must include:

1. A legal description of the parcel(s) to be divided and/or combined.
2. A \$5 certification fee for each parcel number listed, payable to the Van Buren County Treasurer.
3. A stamped envelope addressed to the Van Buren County Treasurer, 219 E. Paw Paw Street, Suite 101, Paw Paw, MI 49079.

PLEASE DO NOT WRITE BELOW LINE:

☐ **Certification Denied**

Reviewer's Actions

Denial explanation:

☐ **Certification Approved**

I certify that, as to the lands herein described, all property taxes and special assessments due on the parcel(s) or tract subject to the proposed division or combination for the 5 years preceding the date of the application have been paid except that if checked below:

☐ This certificate does not cover truces for the most recent year because the delinquent true roll is not yet available.

Treasurer's Signature: _____ Date: _____