

Woodstock Township
 6486 Devils Lake Hwy
 Addison, MI, 49220
 Phone: 1 (517)-547-6598
 Fax: 1 (517)-547-4618

Received:

APPLICATION FOR LAND DIVISION / COMBINATION / ALTERATION

Applicant Information (owner Authorization Required)		Owner Information (If Different)	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	E-Mail Address:	Phone #:	E-Mail Address:

PROPERTY INFORMATION	
Property Address:	Property ID #:
Total Acreage:	Property ID #:
	Property ID #:
Subdivision (If Applicable):	Property ID #:

THE FOLLOWING ACTION IS HEREBY REQUESTED BY THE APPLICANT: (PLEASE CHECK ALL APPLICABLE BOXES)

DIVISION / SPLIT	<input type="checkbox"/>	MASTER DEED	<input type="checkbox"/>
COMBINATION	<input type="checkbox"/>	BOUNDARY TRANSFER	<input type="checkbox"/>
PLAT	<input type="checkbox"/>	DESC. CORRECTION	<input type="checkbox"/>

Please note that the attached "Application Check-list" must be completed, signed, authorized and submitted along with this application before anything will be processed.

Applications approved after May 15th, will be processed after the July 1st tax bills are paid in full.
 Applications approved after October 15th, will be processed after the current year winter tax bills are paid in full.
 All current and prior taxes must be paid upon date of application, or this application will not be processed.

Split (Resulting Parcels)	RATE
1ST CHILD PARCEL	\$100.00
EACH ADDITIONAL CHILD PARCEL	\$50.00

Other	RATE
Land Combination	\$50.00
Boundary Adjustment	\$50.00
Creation of Plat	\$300.00

Applicant Signature	Title (Owner/Agent/Other)	Date
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This section is for Official Use Only		DATE	SIGNATURES
Zoning Administrator's Action	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Assessor's Action	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Township Board Action	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		(ATTACH MINUTES FOR FILE)

MCL 560.109 (1) A municipality shall approve or disapprove a proposed division/combination/transfer within 45 days after the filing of a complete application for the proposed division with the assessor or other municipality designated official.

APPLICANT CHECK LIST

☐

Copy of Receipt

Application Fee Paid

☐

A-1
Including:

Parent Parcel Property Survey / Description

(Existing Property Configurations Labeled as A-1, B-1, C-1,...)
Legal descriptions should be labeled in similar manner
Parcel dimensions, tax ID #'s, addresses and roads
Buildings and land improvements - (locations & setbacks)
Area calculations should clearly reflect gross, net, actual and proposed
County drains, floodways & floodplains, utility & access easements and ROW's

☐

A-2
Including:

Child Parcel Property Survey / Descriptions

(New property configurations labeled as A-2, B-2, C-2...)
Legal descriptions should be labeled in a similar manner
Parcel dimensions, addressed and roads
Building and land improvements - (locations & setbacks)
Area calculations should clearly reflect gross, net, actual and proposed
County drains, floodways & floodplains, utility & access easements and ROW's

☐

Copy of Receipt

Proof of Paid Taxes County Certificate (SPLIT ONLY)

☐

Deed

Proof of Ownership or Letter of Authorization (If requested)

Please note that the applicant or authorized representative must sign below to acknowledge that the requirements listed on this check list have been satisfied.

The owner/applicant understands that any pro-rated assessed value and taxable values established by the assessor are for the purpose of allocating the proportionate share of the current year values for the following year.

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Signature

Date

Title (Owner/ Agent)

LENAWEE COUNTY TREASURER

Marilyn J. Woods, Treasurer
Erin Van Dyke, Deputy Treasurer

301 N. Main Street, Adrian, MI 49221
p: 517-264-4554 | f: 517-264-4556
lenawee.mi.us



LAND DIVISION TAX PAYMENT CERTIFICATION FORM

Name: _____ Phone: _____
Owner Address: _____
Owner City, State, Zip: _____
Property Address: _____
Property City, State, Zip: _____
Parcel ID Number: _____

Attach a description of the parcel to be divided

☐ CERTIFICATION DENIED

The Lenawee County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

☐ CERTIFICATION APPROVED

Pursuant to House Bill 4035, the Lenawee County Treasurer's Office certifies that all property taxes and special 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 does not include taxes, if any, now in the process of collection by the City, Village or Township. **EXCEPTION: this certification being subject to any Board of Review, Tribunal, and/or Principal Residence Exemption Denial.**

☐ DATED ON OR AFTER MARCH 1, _____

The return of current year delinquent taxes are not available for examination.

Certified by: _____ Date Certified: _____

Certification Fee of \$5 collected: Check _____ Cash _____