Grant Township

NEWAYGO COUNTY, MI

1617 E 120th Street
Grant, Michigan 49327

Tuesday & Thursday
9:30 am - 2:30 pm

www.granttownship.org

phone: +1 (231) 834-8033
fax: +1 (231) 834-0288

Application Number: _____ Application Fee Collected: _____ Escrow Fee Collected: _____

LAND DIVISION APPLICATION

1. Applicant's Name: _____ Phone Number: _____

   Address: _____ Fax Number: _____
   Street

   _____ Email Address: _____
   City State ZIP Code

2. Are You: ☐ Property Owner ☐ Owner's Agent ☐ Contract Purchaser ☐ Purchase Option Holder

3. Applicant's Representative: _____ Phone Number: _____

   Address: _____ Fax Number: _____
   Street

   _____ Email Address: _____
   City State ZIP Code

4. Address of Property in Question:

   _____ Parcel ID Number: _____
   Street

   _____ Number of Parcels you intend to create: _____
   City State ZIP Code

   Dimensions of All Resulting Parcels:

5. Do you have a current survey of the proposed resulting parcels? ☐ Yes ☐ No

   (If so, attach a copy of all survey(s) to this application. If not, attach a site plan drawn to scale with dimensions of the proposed resulting parcels.)

6. Are there any buildings located on any portion of the property to be split? ☐ Yes ☐ No

7. Does the existing parcel have any access easements across it or benefitting it? ☐ Yes ☐ No

8. Will any of the proposed resulting parcels have any access easements benefitting them? ☐ Yes ☐ No

   The above is true to the best of my knowlege, information and belief.

9. Owner/Applicant Signature _____ Date: _____

FOR OFFICE USE ONLY

The land division request is: ☐ Approved ☐ Disapproved

Reasons for disapproval: _____

(If approved, the resulting lots or parcels must comply with the approved configuration and dimensions as shown on Exhibit A as attached hereto.)

Additonal Conditions if Approved: _____

_____

Date: _____ Township Zoning Administrator _____