### **COVERT TOWNSHIP**

**P.O. BOX 35** 

COVERT, MICHIGAN 49043 (269) 764-8986 • Fax (269) 764-1771

10.16.2023

### LAND DIVISION APPLICATION

COVERT TOWNSHIP ZONING OFFICIAL ALTON NEAL 269-223-0970

APPLICATION FEE PAYABLE TO COVERT TOWNSHIP: \$100.00 (per division)

YOU <u>MUST</u> 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**

LOCATION OF PARENT PARCEL TO BE SPLIT:		
ADDRESS:		
PARENT PARCEL IDENTIFICATION NUMBER:  PARENT PARCEL LEGAL DESCRIPTION (DESCRIBE OR ATTACH)		
PROPERTY OWNER INFO	DRMATION:	
Name:		
Address:		
PHONE:	ALTERNATE PHONE:	
PROPOSED DIVISION(S) T	TO INCLUDE THE FOLLOWING	
	O I (OZOZZ TIET OZZO ) (I (O	
	PARCELS TO BE CREATED:	
a) NUMBER OF NEW P		

TOWNSHIP ORDINANCE). (NOT LESS THAN REQUIRED BY			
EACH PARCEL HAS AN AREA OF (NOT LESS THAN REQUIRED BY TOWNSHIP ORDINANCE).			
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:			
DESCRIBE OR ATTACH A LEGAL DESCRIPTION OF PROPOSED PARCEL.			
DESCRIBE OR ATTACH A LEGAL DESCRIPTION FOR EACH PROPOSED NEW ROAD, EASEMENT, OR SHARED DRIVEWAY.			
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.			
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  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			

12.	IMPROVEMENTS – DESCRIBE ANY EXITING IMPROVEMENTS (BUILDING(S), WELL(S), SEPTIC			
-	System, Driveway(s), etc.) which are	ON THE PARENT PARCEL OR INDICATE NONE:		
-				
	PERMISSION FOR TOWNSHIP, COUNTY, AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS.			
void. F Zoning enter th only a State L 591 of	Further, I agree to comply with the conditions as and Ordinance(s). Further, I agree to give permine property where this Parcel Division is proposed. Parcel Division which conveys certain rights usuand Division Act (formerly the Subdivision Control of the Contr	not to be true, this application and Township approval will be and regulations provided with this Land Division, Township assistant of the Township, County, and the State to ed for the purposes of inspection. Finally, I understand this is under the applicable Local Land Division Ordinance and the attrophysical Act P.A. 288 of 1967, as amended (particularly by P.A. atute, Building Code, Zoning Ordinance, Deed Restrictions of		
and if o	changed - the division must comply with the ne	Local Ordinances and State Acts change from time to time ew requirements (apply for Division Approval again) unlessing with the Register of Deeds or the division is built upon		
Prope	erty Owner Signature:	Date:		
_	roperty Owner Signature:	Date:		
****	***********	*************		
Cover	rt Township Zoning Official:			
Appro		Date:		
Denia	l:	Date:		
Reaso	on:			
<u> </u>	4 T			
	rt Township Assessor:oval:	Data		
Appro Denia	l:	Date: Date:		
	on:			
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# Office of the County Treasurer

Trisha Nesbitt, Treasurer Tania Sheeley-Myers, Chief Deputy

219 East Paw Paw Street, Suite 101 Paw Paw, Michigan 49079-1499 Phone: (269) 657-8228 Fax: (269) 657-8227 E-mail: NesbittT@vbco.org

#### **Directions**

The purpose of this form is to certify there are no delinquent property taxes on a parent parcel which is subject to a proposed land division.

When completing this form, please do the following:

- Include the contact information for the owner of the parent parcel (mailing address, phone)
- For the property address and Parcel ID number, please list information for the parent parcel
- 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 (ie., delinquent 2018 taxes, incorrect legal description, etc.).

If you have any questions or concerns, please do not hesitate to contact us at (269) 657-8228.



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## **Land Division Tax Payment Certification Form**

Owner Name:	Phone:			
Owner Address:				
Owner City, State, ZIP:				
Property Address:				
Property City, State, ZIP:				
Parcel ID Number:				
All applications mu				
(1) A legal description of the parcel to be divided				
(2) \$5 certification fee (made payable to the	he Van Buren County Treasurer)			
(3) A self-addressed, sta	mped envelope			
PLEASE DO NOT WRITE BELOW THIS LINE:				
Reviewer's Act	ions			
[ ] Certification Denied  Denial explanation:				
[ ] Certification Approved				
I certify that, as to the lands herein described, all property taxes and special assessments due on the parcel or tract subject to the proposed division for the 5 years preceding the date of the application have been paid except that if checked below:				
This this certificate does not cover taxes for the most recent available.	t year because the delinquent tax roll is not yet			
Treasurer's Signature:	Date:			