GUIDELINES FOR A LOT SPLIT OR COMBINATION

All applications for land division or combination in the City of South Lyon must be in compliance with City of South Lyon Code of Ordinances and the Land Division Act, P.A. 288 of 1967 as amended by P.A. 591 of 1996 and P.A. 87 of 1997.

APPLICATION PROCESS:

All proposed lot splits or combinations must be reviewed by the City Clerk/Treasurer. The Clerk/Treasurer, along with City departments and consultants, will review the application and make a determination whether the proposed split or combination may be approved administratively or if the request will require a separate submission to the Planning Commission.

1) Submit the Lot Split or Combination Application and all applicable fees to Clerk/Treasurer.

2) The Clerk/Treasurer will review the application and within forty-five (45) take one of the following actions:
   a) Approve the application administratively and forward the lot split or combination to Oakland County.
   b) Deny the application.
   c) Notify the applicant that the lot split or combination must be submitted to the Planning Commission for approval.

If the application is approved, the Clerk/Treasurer shall process the division through Oakland County Property Description. Oakland County Property Description will create tax descriptions and parcel numbers for any new parcels. The descriptions and numbers will be in effect for the next tax billing period. A proration of the current assessed and taxable values will be in place for the remainder of the assessment year.

If the Clerk/Treasurer determines that the lot split or combination must be submitted to the Planning Commission for approval, the City may request further information, in addition to the required application. The Planning Commission meets on the 2nd and 4th Thursdays of the month.

Taxes must be up-to-date for all parcel(s) to be split or combined.

HOMESTEAD EXEMPTIONS:

The division of property will delete the Homestead Exemption that may currently be in place. In order to continue the exemption, a Michigan Department of Treasury form must be submitted to the City of South Lyon Clerk/Treasurer.

APPLICATION CHECKLIST:

- Completed Lot Split or Combination Application

- Signed and sealed copies surveys (2 copies) by a Registered Civil Engineer or Licensed Land Surveyor of the existing and proposed properties. The surveys shall depict the following:

  1) Surveys shall be at least 8 ½” X 14” and at a scale of not less than 1” = 100’ and show all property...
irons and monuments found or placed on the parcel(s).

2) Surveys shall include accurate legal descriptions. Parcel areas shall be shown to the nearest 100\textsuperscript{th} of an acre. For parcels less than one acre, parcel area shall be shown to the nearest square foot.

3) Surveys shall be dated, including the dates of any revisions.

4) Surveys shall show the existing zoning and the front, rear and sideyard setbacks of each parcel.

5) Surveys shall show all existing structures, roadways, bodies of water, floodplains and easements within fifty (50) feet of the parcel(s) to be divided. Distances from existing structures to proposed parcel lines shall be shown.

- Proof of ownership (i.e. deed) for all of the property to be divided and a current title insurance commitment for all of the parent parcels is required.

- Copy of the most recent tax bill pertaining to the parcel(s).

- A letter from the engineer or land surveyor indicating that the land division, as requested, does not violate the Land Division Act, P.A. 288 of 1967 as amended by P.A. 581 of 1996.
LOT SPLIT OR COMBINATION APPLICATION

APPLICANT INFORMATION

Name of Applicant: ______________________________________________________________________

Address: _____________________________________________________________________________

Telephone: ____________________________ E-mail: ____________________________

Are you the owner of record for the property of the proposed lot split or combination?  _____ YES  _____ NO

If you are NOT the owner of record for the property of the proposed project, please complete the below section PROPERTY OWNER INFORMATION.

PROPERTY OWNER INFORMATION

This application must be signed by all persons who have any legal or equitable interest in the parent parcel(s) and the resulting parcel combinations.

Name of Property Owner: __________________________________________________________________

Address: _____________________________________________________________________________

Telephone: ____________________________ E-mail: ____________________________

I have contacted my mortgage company regarding the proposed parcel split  _____ YES  _____ NO

LOCATION OF PROPERTY FOR WHICH THIS SPLIT OR COMBINATION IS REQUESTED

PARCEL #1

Property Address: ______________________________________________________________________

Cross Streets: __________________________________ and __________________________________

Parcel ID Number: ___________________________ Lot Size (in acres): __________________________

Lot Width: ____________________________ Lot Depth: ____________________________

Present Zoning Classification: ______________________________________________________________

Are there any existing and/or proposed restrictions or covenants which apply to the land?  _____ YES  _____ NO

(If YES, please attach a copy to this application.)

PARCEL #2

Property Address: ______________________________________________________________________

Cross Streets: __________________________________ and __________________________________

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Parcel ID Number: ______________________ Lot Size (in acres): _______________________

Lot Width: ______________________ Lot Depth: ______________________

Present Zoning Classification: _______________________________

Are there any existing and/or proposed restrictions or covenants which apply to the land?  ____ YES  ____ NO
(If YES, please attach a copy to this application.)

Please attach a separate sheet for any additional parcels.

PRINT Name of Applicant  SIGNATURE of Applicant

________________________
Date

PRINT Name of Owner  SIGNATURE of Owner

________________________
Date

PRINT Name of Owner  SIGNATURE of Owner

________________________
Date

PRINT Name of Owner  SIGNATURE of Owner

________________________
Date

FOR OFFICE USE ONLY: Date Received: ___________ Checked By: _______________________ Fee Collected: _______________________