



A friendly, progressive open space community

LOT RECONFIGURATION REQUEST

SPECIAL APPROVAL APPLICATION ADDENDUM

Request is for: SPLIT/DIVISION, or COMBINE/TRANSFER

For ALL Lot Reconfiguration requests, please complete this addendum and attach it to a completed **SPECIAL APPROVAL APPLICATION** and submit both to the Evangeline Township Zoning Office, a minimum of 45 days prior to the next scheduled regular meeting of the Township Planning Commission. *Planning Commission meets monthly at 5:30 pm every 3rd Tuesday of the month.*

Attach a Summary Statement: Provide a brief statement as to the purpose of the proposed division or property transfer and whether the lots, parcels, or tracts of land that will result from the division or property transfer are intended as a development site. Additionally, this statement should provide a history of the prior divisions of the parent parcel from which the Applicant's subject parcel came and proof of the Applicant's right to divide the subject parcel.

Pre-application meeting with Zoning Admin – Meeting Date: _____

Parent Parcel Data:

Property Information:

Parcel Number: #015-005-_____ - _____ - _____ ZONING DISTRICT: _____

Lot Width (ft.): _____ Lot Depth (ft.): _____ Total Sq. Ft.: _____

Parcel is: Vacant/Undeveloped, or Developed w/Utilities [check: well/septic City water/sewer electricity]

Impervious surface area of the current lot? _____ (in Sq. ft.), and as a % of total lot area: _____

Check if present on this lot: Dwelling, 2nd Dwelling, Accessory buildings/ how many? _____, Fence/Other structures

Slopes >18% present on parcel? YES, NO; If YES, how much area of the parcel is affected? (in Sq. Ft.) _____

Wetlands present? YES, NO; If YES, how much lot area is wetland? (in Sq. Ft.) _____

Waterfront Lot? YES NO | Located in a Steep Slopes Area? YES NO | On Private Road? YES NO

Parcel Address: _____

Property Owner Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Mobile Phone: _____ Email Address: _____

2nd Parcel Data:

For Combine/Transfer: Is there a 2nd parcel involved in the reconfiguration? YES, NO (if YES, list info below)

Parcel Number: #015-005-_____ - _____ - _____ (2nd Parcel) ZONING DIST: _____

Lot Width (ft.): _____ Lot Depth (ft.): _____ Total Sq. Ft.: _____

Parcel is: Vacant/Undeveloped, or Developed w/Utilities [check: well/septic City water/sewer electricity]

Impervious surface area of the current lot? _____ (in Sq. ft.), and as a % of total lot area: _____

Check if present on this lot: Dwelling, 2nd Dwelling, Accessory buildings/ how many? _____, Fence/Other structures

Slopes >18% present on parcel? YES, NO; If YES, how much area of the parcel is affected? (in Sq. Ft.) _____

Wetlands present? YES, NO; If YES, how much lot area is wetland? (in Sq. Ft.) _____

Waterfront Lot? YES NO | Located in a Steep Slopes Area? YES NO | On Private Road? YES NO

Parcel Address: _____

Parcel Owner Data (2nd Parcel) – If different than owner data for Parent Parcel

Owner Name: _____ Additional Owners? YES, NO

Additional Owner Names: (if applicable) _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Mobile Phone: _____ Email Address: _____

Number of new parcels to be created by this request: _____ (new parcels referred to as ‘child parcels’)

For each Child Parcel, include a complete legal description and all other information applicable to determining new parcel(s)’ compliance with district standards, such as the dimensions of the new parcel(s), if there are existing structures on any new parcel(s) and the location of such, and accessibility of new parcel(s) via road or easement.

Other Required Info:

Are any parcels involved in this reconfiguration a MASTER PARCEL which existed prior to August 1992? YES, NO

If YES, indicate applicable Master Parcels? Parent Parcel 2nd Parcel

Has Parent Parcel been split or divided previously? YES, NO | IF YES, date of last split: _____

How many times has Parent Parcel been split in the last 10 years? _____ and 2nd Parcel? _____

Is this request an Appeal of a lot reconfiguration request previously DENIED by the **Zoning Administrator**? YES, NO;

If YES, date of denial: _____ Reason: Lot Depth/Width Ratio; ETPDO Non-compliance

Is this request an Appeal of a lot reconfiguration request previously DENIED by the **Planning Commission**? YES, NO;

If YES, date of denial: _____ Case# (if known) _____

Reason for Planning Commission’s previous denial:

Lot Depth/Width Ratio; Non-compliance with ETZO; Non-compliance w/Land Division Act;

Land Configuration Variance Required; Other (explain) _____

Is a Land Configuration Variance Required? YES, NO

If YES, please Apply with the ZONING BOARD OF APPEALS

Attach a CERTIFIED SURVEY of the proposed lot reconfiguration which is to include all of the following:

- ✓ Existing parcel(s) data, dimensions & legal description with locations of all structures & driveways notated with their respective dimensions and distances between one another and from lot lines notated.
- ✓ Locations of existing, septic systems, water wells, and all easements, existing or proposed for utilities and ingress/egress. Easement descriptions shall be included in the legal descriptions for each applicable proposed parcel.
- ✓ Proposed new parcel(s) dimensions & legal description for each with locations of all structures & driveways notated with their respective dimensions and distances between one another and from lot lines notated.

Please note, Lot Reconfiguration requests will NOT be processed in the absence of a CERTIFIED SURVEY which conforms with the requirements above. Certification and legal descriptions are to be provided by a land surveyor licensed in the State of Michigan and shall be signed and stamped by same.

Certification:

I certify that I am the owner of record, or have been authorized by the owner of record to make this application as his/her agent, and that the information provided herein is accurate to the best of my knowledge; and that a filing fee is due with this application. I/we hereby agree to abide by all provisions of the Evangeline Township Zoning Ordinance as well as all procedures and policies of the Evangeline Township Planning Commission as those provisions, procedures, and policies relate to the handling and disposition of this application. Furthermore, I hereby grant authorization to the Zoning Administrator, and other Township officials, to access/enter onto the property referenced in this application, to make such investigations and tests as they deem necessary or required for processing this request.

Signature: _____

Parcel Owner, or Authorized Agent for Parcel Owner Date: _____

ACKNOWLEDGEMENT

Any approval by the Planning Commission, of an application for a division or property transfer under Section 5(d) of the Evangeline Township Parcel Division Ordinance, Ordinance No. 2012-09-04, shall expire and a new approval required, unless the Applicant, within ninety (90) days from the date of the approval, records in the Charlevoix County Register of Deeds Office an instrument(s) of conveyance documenting the division or property transfer and files a copy of that recorded instrument(s) with the Zoning Administrator.

If the grantor intends to convey the right to future divisions of the parcel being conveyed, the deed or land contract shall contain the following statement as required by the Land Division Act, as amended: *“The grantor grants to the grantee the right to make [insert “zero”, a number, or “all”] division(s) under Section 108 of the Land Division Act, Act No. 288 of the Public Acts of 1967.”* All deeds and land contracts of un-platted land shall contain the following statement as required by the Land Division Act, as amended: *“This property may be located within the vicinity of farm land or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors and other associated conditions may be used and are protected by the Michigan right to farm act.”*

I have read and understand the acknowledgement and hereby agree to comply with all of the terms and conditions of any special approval granted in conjunction with this application, and agree to comply with all other applicable Evangeline Township ordinances and all policies and procedures of the Evangeline Township Planning Commission with regard to the handling and disposition of this application.

Signature: _____ Date: _____

For TWP Use Only:

Application fee Amount: \$ _____ Received Date: _____ Receipt #: _____

Hearing Date: _____ with PC, | Case #: _____ APPROVED, DENIED

Decision Appealed? YES, NO | Application amended to comply with Ordinance, or Application request rescinded

Appeal Hearing Date: _____ with ZBA| Case #: _____ APPROVED, DENIED

Date TWP Assessor CC'd: _____ Co. Equalization Office Notified Date: _____

Recorded Docs Received Date: _____ COMPLETED when checked here by ZA (initials): _____

Check list of items required for Lot Reconfiguration Application processing

Completed Application:

Date App Rcvd: _____ Certified as Complete Date: _____

Application Data Required:

Exempt Splits (split resulting in no parcels or lots under 40 acres in area created by the split)

Certified survey*

Proof of ownership of land to be divided or transferred

Map of subject parcels involved showing location within the Township

Evidence that all parcels created are accessible (roads & easements for ingress/egress)

Qualifying Exempt Split which demonstrates sufficient accessibility: Approved by Zoning Admin

Approval Date: _____ OR Does NOT qualify as Exempt Split, needs PC Review.

Non-exempt Split (split resulting in one or more parcels or lots under 40 acres in area) [PC Review]

Certified survey*

Proof of ownership of land to be divided or transferred

Map of subject parcels involved showing location within the Township

Evidence that all parcels created are accessible (roads & easements for ingress/egress)

Name & address of all persons having an interest in the land involved in the split or transfer

Certification, by the County Treasurer that property taxes and special assessments due on parcel have been paid for the preceding 5 years

History of prior divisions of the subject parcel or tract of land from which the Applicant's parcel or tract of land came (*Any unallocated divisions on parent parcel and if so how many transferred to new parcel?*)

Proof the Applicant holds the right to divide the subject parcel or tract of land

For development sites created by a split, provide evidence establishing adequate easements for public utilities for each new parcel or tract of land created by the split

Brief statement as to the purpose of the proposed division and whether the resulting lots, parcels or tracts of land are intended as a development site.

*Certified survey must include, at a minimum, all of the data listed below:

Signed and Stamped by a Professional Land Surveyor licensed in the State of Michigan

Dimensions of the lot, parcel or tract of land to be divided or involved in a property transfer

Legal description of the lot, parcel or tract of land to be divided or involved in a property transfer

Legal descriptions for all new parcels, lots, or tracts of land resulting from division or transfer

Locations of all current AND proposed easements for ingress/egress and utilities

Locations of all existing structures with distances between structures and original lot lines notated, as well as distances between all structures notated

Locations of all existing structures with distances between structures and proposed new lot lines notated, as well as distances between all structures notated

Payment of Application Fee of \$250 (plus \$50 per new parcel over 2)

Fee Amount Paid: _____ Date Paid: _____ Receipt#: _____