



APPLICATION FOR LOT SPLIT OR LAND COMBINATION



Applications must satisfy all of the applicable requirements of the Village of New Haven Land Division/Combination Ordinance. The applicant is required to attend all meetings at which the proposed lot division or combination is discussed.

Please indicate if you are requesting a Land **Division** or Land **Combination** _____

REQUIRED SUBMISSIONS:

- Legal document (s) showing ownership of all properties to be divided or combined.
- Ten (10) copies of the drawings and legal description of the tract from which the division or combination is to be made and the surveys and legal description of the proposed parcels.

For Office Use Only

Lot Split/Combination # _____ Reviewers Signature _____
 Date Received _____ Reviewers Title _____
 Review Fee Paid \$ _____

APPLICANT'S NAME _____

Address _____

City _____ Zip Code _____

Phone _____ Email _____

OWNER'S NAME (if different from applicant) _____

Address _____

City _____ Zip Code _____

Phone _____ Email _____

Location of Property (s), including nearest intersection:



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If applying for a Land Combination, please include information on all parcels being combined:

Parcel #1

Section No. _____ Lot No. _____ Property Tax Parcel No. _____

Width _____ Length _____ Existing Zoning _____

Area of Subject Parcel—Gross Area / Net Area: _____ / _____

Parcel #2

Section No. _____ Lot No. _____ Property Tax Parcel No. _____

Width _____ Length _____ Existing Zoning _____

Area of Subject Parcel—Gross Area / Net Area: _____ / _____

Parcel #3 (if applicable)

Section No. _____ Lot No. _____ Property Tax Parcel No. _____

Width _____ Length _____ Existing Zoning _____

Area of Subject Parcel—Gross Area / Net Area: _____ / _____

Legal Description:

Has the subject parcel been involved with another approved lot split since March 31, 1997, the date of the adoption of the Land Division Act? _____



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Pre-Submission Tracking Form—Land Division Only

Before submitting the application for land division, the assessor **must** have a letter of approval from all of the possible utility providers. This is a check list for all of the providers of easements that the assessing department knows of. Some of these may not apply to your particular parcel. Applications will not be accepted without approval letters.

ATT/AMERITECH
Sue Sampier
54 N. Mill St. Mailbox 30
Pontiac, MI 48342
(248) 456-0361
(248) 338-9366 (Fax)

MICHON/DTE
Tom Dahlman
609 Bjornson
Big Rapids, MI 49307
(616) 260-2035
Email: dahlmant@dteenergy.com

Verizon
Kathy Anderson
375 E. Rising
Davison, MI 48423
(810) 653-9735
(810) 658-2168 (Fax)

SEMCO ENERGY
Patrick Hurd
1411 Third St. Suite A
Port Huron, MI 48061-5004
(810) 887-3041
(810) 887-4233 (Fax)
Email: Patrick.hurd@semcoenergy.com

Comcast Cable
Rob Batdorff
25626 Telegraph
Southfield, MI 48034
(248) 809-2723

Macomb County Drain Commission
Dino Bucci
PO Box 806
Mount Clemens, MI 48046-0806
(586) 307-8267 Ext. 7826
(586) 469-5933 (Fax)

Macomb County Road Commission
Kevin Chadwick
117 S. Groesbeck
Mount Clemens, MI 48043
(586) 463-8671 Ext. 1209
(586) 463-8676 (Fax)
Email: kchadwick@rcmcweb.org



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Authorization of Land Owner (s)

All person having interest in the Subject property (s) must sign to authorize filing of application.

Name: _____

Address: _____

Type of Interest: _____

Signature: _____

Name: _____

Address: _____

Type of Interest: _____

Signature: _____

Certification

I certify that all statements, signatures, descriptions, plans and exhibits submitted with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act of behalf of the signatures of the above-authorization.

Applicant Signature: _____

Date: _____

For Office Use Only - Reviewer's Action

Combine (s) / Split Approved: _____

Explanation if Denied:
