

CITY OF CRYSTAL FALLS PARCEL DIVISION APPLICATION

Please complete the enclosed form and return to me along with a check for \$25.00 made out to City of Crystal Falls.

Thank you,
City of Crystal Falls
401 Superior Ave.
Crystal Falls, MI 49920

Telephone: (906) 875-3212 ext 102

CITY OF CRYSTAL FALLS PARCEL DIVISION APPLICATION

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401 Superior Ave.
Crystal Falls, MI 49920
(906) 875-3212 ext 102

Please answer all questions and include all attachments. Mail to above address.

Approval of a division of land is required before it is sold, this form is designed to comply with Sect 108 and 109 of Michigan Land Division act.

Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations. The City of Crystal Falls Zoning Administrator will review this application.

1. LOCATION OF PARENT to be split: Address: _____

Property ID Number: _____

Legal Description: _____

2. PROPERTY OWNER INFORMATION:

Name: _____

Telephone Number: _____

Address: _____

3. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING:

- A. Number of new parcels: _____
- B. Intended use (residential, commercial, etc): _____
- C. Each proposed parcel, has a depth to width ratio of 4 to 1 or _____ to _____ as provided by ordinance.
- D. Each parcel has a width of _____ (not less than required by ordinance)
- E. Each parcel has an area of _____ (not less than required by ordinance)
- F. The division of each parcel provides access as follows: (check one)
 - a) ☐ Each new division has frontage on an existing public road.
 - b) ☐ A new public road, proposed road name: _____
 - c) ☐ A new private road, proposed road name: _____
- G. Describe or attach a legal description of proposed new road, easement, or shared driveway. _____
- H. Describe or attach a legal description for each proposed new parcel: _____

I. Attach a drawing to scale of division, showing existing structures.

4. FUTURE DIVISION being transferred from the parent parcel to another parcel. Indicate number transferred and to which parcel(s) being transferred.

5. DEVELOPMENT SITE LIMITS (Check each which represents a condition which exists on the parent parcel:

- ☐ Waterfront property(river,lake,pond,etc.) ☐ Includes wetlands
- ☐ Is within a flood plain ☐ Includes a beach
- ☐ Is on muck soils or soils known to have severe limitations for on site sewage system.

6. ATTACHMENTS – All the following attachments **MUST** be included.

Letter each attachment as shown:

- A. A scale drawing for the proposed division(s) of the parent parcel showing:
 - (1) current boundaries (as of 3/31/97) and
 - (2) all previous divisions made after 3/31/97 (indicate when made)
 - (3) the proposed division(s), and
 - (4) dimensions of the proposed divisions, and
 - (5) existing and proposed road/easement right-of-ways, and
 - (6) easements for public utilities from each parcel that is in a development site to existing utility facilities, and
 - (7) any existing improvements (buildings, wells, septic, driveways, etc)
 - (8) any of the features checked in question number 5.

B. Indications of approval, or permit from Iron County Road Commission, Michigan Dept of Transportation or respective city/village street administrator

that a proposed easement provides access to an existing road, or street meets applicable location standards.

C. A copy of any reserved division rights in the parent parcel.

D. A fee of \$25.00 plus expenses

7. IMPROVEMENTS: Describe any existing improvements (buildings, well septic, etc, which are on the parent parcel, or indicate none: _____

8. ACKNOWLEDGMENT: The undersigned acknowledges that any approval of the within application is not a determination that the resulting parcels comply with other ordinances, rules or regulations which may control the use or development of the parcels. It is also understood ordinances, laws, and regulations are subject to change and that any approval parcel division is subject to such changes.

I AGREE the statements made above are true, and if found not to be true, this application and any approval will be void. I AGREE to give permission for officials of the Township, County, and the State to enter the property where this parcel division is proposed for purposed of inspection.

Owner's Signature: _____ Date: _____

For office use only: Reviewer's action: Total Fee \$ _____ Check # _____

Signature: _____ Application completed: Date: _____

Approval Date: _____ Denial Date: _____

Reasons for denial: _____

City of Crystal Falls

By: _____

Cc:

Register of Deeds