



PROFESSIONAL
CODE INSPECTIONS

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www.pcimi.com

ALLEGAN COUNTY LAND DIVISION APPLICATION

FEE: \$100 PER NEWLY CREATED PARCEL MADE PAYABLE TO P.C.I.

PERMANENT PARCEL NUMBER: 03-_____ LOT: _____

ZONING DISTRICT: _____ NUMBER OF ACRES BEING TRANSFERRED: _____

OWNER/ NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

IS THE PARCEL IN P.A. 116? _____ IS THIS PARCEL IN P.A. 260? _____

TO PROCESS YOUR APPLICATION YOU MUST PROVIDE THE FOLLOWING:

1. A copy of the recorded deed showing ownership of the property. This can be obtained from the Allegan County Office of the Register of Deeds, if needed.
2. If you are not the owner, provide proof that you are the legally appointed agent for the property owner.
3. Land Division Tax Payment Certification from the Allegan County Treasurer’s Office which provides proof that all due and payable taxes and installments of special assessments are paid in full.
4. Survey map, prepared pursuant to Michigan statutory requirements by a licensed surveyor showing:
 - a. The current boundaries as of March 31, 1997
 - b. All land divisions made after March 31, 1997
 - c. The proposed division(s) including dimensions and acreage
 - d. Existing and proposed road/easement right of way
 - e. Easements for public utilities from each parcel to existing public utility facilities
 - f. Existing improvements (buildings, well, septic, driveways, etc.) OR INDICATE NONE
 - g. Locate any site limitations (wetlands, floodplain) OR INDICATE NONE
5. Proposed Legal Descriptions for each new parcel
6. Materials from the County Road Commission, MDOT, or respective municipality for any new private road.
7. A signed and dated statement giving detailed information about the terms and availability of future division rights, or a statement that all future land division rights are being retained by the grantor. **THIS STATEMENT IS REQUIRED BY LAW TO BE ON YOUR DEED.**
8. Review Fee: \$100.00 — Cash, money orders, or checks made payable to *PCI* or *Professional Code Inspections*.

Each parcel or tract of land is allowed a designated number of land divisions (determined by total acreage). Each proposed land division must meet the requirements of the Land Division Act and the local Zoning Ordinance. This signed and dated statement will indicate whether the seller is retaining all future divisions with the parent parcel/tract (the land he/she is keeping) or whether the seller is allowing the buyer (of proposed parcel) the right to divide the new parcel within the next 10 years and the number of divisions being designated to the new parcel.

APPROVAL OF ANY LAND DIVISION IS CONDITIONAL ON THE ACCURACY OF THE INFORMATION PROVIDED BY THE APPLICANT. FALSE OR INACCURATE INFORMATION OR A DEVIATION FROM THE APPROVED LAND DIVISION APPLICATION WILL IMMEDIATELY VOID YOUR APPROVAL.

A BUILDING PERMIT WILL NOT BE ISSUED FOR A NEW PARCEL UNTIL A DEED TRANSFERRING OWNERSHIP OF THE PROPERTY IS RECORDED WITH THE ALLEGAN COUNTY REGISTER OF DEEDS OFFICE.

DEED STATEMENTS REQUIRED BY LAW: All Deeds for un-platted lands must contain the following two (2) statements:

1. The Grantor (Seller) Grants to the Grantee (Purchaser) The Right to Make _____ (insert number- **“all” is not a valid number and will be treated as zero**) Divisions Under Section 108 of the Land Division Act. No. 288 of the Public Acts of 1967. **(In the absence of such a statement or the failure to write a number the right to make such divisions stays with the remainder of the parent parcel retained by the grantor)**
2. This property may be located within the vicinity of Farmland 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.

APPLICANT SIGNATURE: _____ DATE: _____

----- (FOR OFFICE USE ONLY) -----

DATE APPROVED: _____ DATE NOT APPROVED: _____

If denied, the request was not in compliance with the following provisions of the local Zoning Ordinance:

CHAPTER: _____ SECTION: _____

CONDITIONS OF APPROVAL: _____

_____, ZONING ADMINISTRATOR/DEPUTY