

**Date request received:** \_\_\_\_\_**Date Official Request Begins:** \_\_\_\_\_

(NOTE: The 45 days for Quincy Township to return an answer to this request does not officially begin until the owner has satisfactorily met all the items indicated on this form)

**QUINCY TOWNSHIP****REQUEST BY OWNER**

TO SPLIT PROPERTY:

(Name)  
(Address)  
Phone:Buyer's Name:  
Address:  
Phone:OWNER'S SIGNATURE: \_\_\_\_\_  
(PRINTED NAME)

DATE: \_\_\_\_\_

PARENT PARCEL NUMBER: 12-080 - - - -

Is there a Home/Bldgs on Parent Parcel? Y or N Who will retain the home?

Who will retain buildings?

*(Applicant do not write below this line)**(Applicant do not write below this line)**(Applicant do not write below this line)***STEP #1**

SEND ALL SPLIT REQUESTS TO: Andrew Craig, 36 S Main St. Quincy, MI 49082 517-861-1843

- 1 – Is this request made by the **OWNER**? **YES** or **NO** (circle one) If **NO**, the request is **DENIED**
  - 2 – Has the **OWNER** provided a reasonable sketch of the existing property and does the sketch also show the requested **SPLIT** with all the dimensions clearly indicated for each of the property lines? **YES** or **NO** (circle one)
  - 3 – Tax Certification submitted with application? **YES** or **NO** (Circle One)
  - 4 – Proof of Release of Mortgage? **YES** or **NO** or **N/A**
  - 5 – Property has been reviewed for PA116? **YES** or **NO** or **N/A**
  - 6 – Is Property enrolled in Qualified Ag Shall Remain Qualified Ag – PA260 exemption? **YES** or **NO** or **N/A**
- If yes is it going to remain Agricultural? \_\_\_\_\_

If **NO**, describe what the owner(s) needs to provide the Zoning Coordinator before the Assessor can review this request for a split:-  
-**DOES OWNER'S REQUEST MEET WITH ALL LOCAL ZONING REQUIREMENTS? YES or NO (circle one)**Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Andrew Craig, Township Zoning Administrator**STEP # 2**

REVIEW OF SPLIT REQUEST BY ASSESSOR FOR COMPLIANCE WITH THE 1 APRIL 1997 LANDS DIVISION ACT

- 1 - Did owner supply the **PARENT PARCEL ID #** **Yes** or **NO** (circle one)
- 2 - Did owner include a complete legal description for both the parent and child parcel? **YES** or **NO** (circle one)
- 3 - Did owner provide a legible sketch of the parent parcel? **YES** or **NO** (circle one)
- 4 - Does the sketch show the requested split (child) parcel with all property lines clearly marked with the requested dimensions? **YES** or **NO** (circle one)
- 5 - Does the requested split meet all the requirements of 1997 LANDS DIVISION ACT? **YES** or **NO** (circle one)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Assessor: Erica Ewers, 1048 Campbell Rd, Quincy, MI 49082 Phone: (517) 639-9074This request is: **APPROVED** **DISAPPROVED**  
(If Approved, Assessor will distribute copies) If **DISAPPROVED**, List reason(s) & Return to Owner:Cy to: ☐ Planning Chairman ☐ Twp Assessor-Original ☐ Land Resource Center  
☐ Property Owner ☐ Twp Supervisor