

Date request received:

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

Date Official Request Begins:

REQUEST BY OWNER
TO SPLIT PROPERTY:

(Name)
(Address)
Phone:

Buyer's Name:
Address:
Phone:

QUINCY VILLAGE

OWNER'S SIGNATURE: _____ DATE: _____
(PRINTED NAME)

PARENT PARCEL NUMBER: 12-081 _____

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: Village Office, 47 Cole Street, Quincy MI 49082 Phone: (517) 639-9065

- 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 Mortgage Release? **YES or NO** or N/A
- 5- If Agricultural Property, have spoken to Township Assessor? **YES or NO** or N/A

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: _____
Village Representative

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**

Signed: _____ Date: _____

Assessor: Erica Ewers, 1048 Campbell Rd, Quincy, MI 49082 Phone: (517) 639-9074

This request is: **APPROVED**

(If Approved, Assessor will distribute copies)

DISAPPROVED

If DISAPPROVED, List reason(s) & Return to Owner

Cy to: Planning Chairman Twp Assessor-Original
Property Owner Twp Supervisor

Land Resource Center