

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

(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)

**QUINCY VILLAGE****REQUEST BY OWNER**

TO SPLIT PROPERTY:

(Name)

(Address)

Phone:

Buyer's Name:

Address:

Phone:

OWNER'S SIGNATURE: \_\_\_\_\_  
(PRINTED NAME)

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

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? \_\_\_\_\_

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(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:

-  
-  
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**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