

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

CHECK # OR CASH: \_\_\_\_\_

**TOWNSHIP OF GERRISH  
APPLICATION FOR PARCEL AND/OR PLATTED LOT DIVISION**

A NON-REFUNDABLE FEE OF \$75.00/PLUS \$25.00 PER CHILD PARCEL PAYABLE TO  
GERRISH TOWNSHIP IS REQUIRED AT TIME OF APPLICATION.

**APPLICANT:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_

**OWNER OF RECORD (IF DIFFERENT FROM APPLICANT):**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_

PROPERTY ADDRESS OR LOCATION: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_ SECTION \_\_\_\_\_

EXPLAIN PROPOSED DIVISION AND REASON FOR REQUEST \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILL FURTHER DIVISION RIGHTS BE ASSIGNED? \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE PARCEL WAS LAST DIVIDED \_\_\_\_\_

MIN. SQUARE FOOTAGE REQUIRED \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

ROAD MAINTENANCE AGREEMENT REQUIRED \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ DATE PLATTED \_\_\_\_\_

LOT NUMBER(S) \_\_\_\_\_

HEALTH DEPARTMENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

PRELIMINARY ASSESSOR REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

ZONING ADMINISTRATION REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

FINAL ASSESSOR ACCEPTANCE \_\_\_\_\_ DATE \_\_\_\_\_

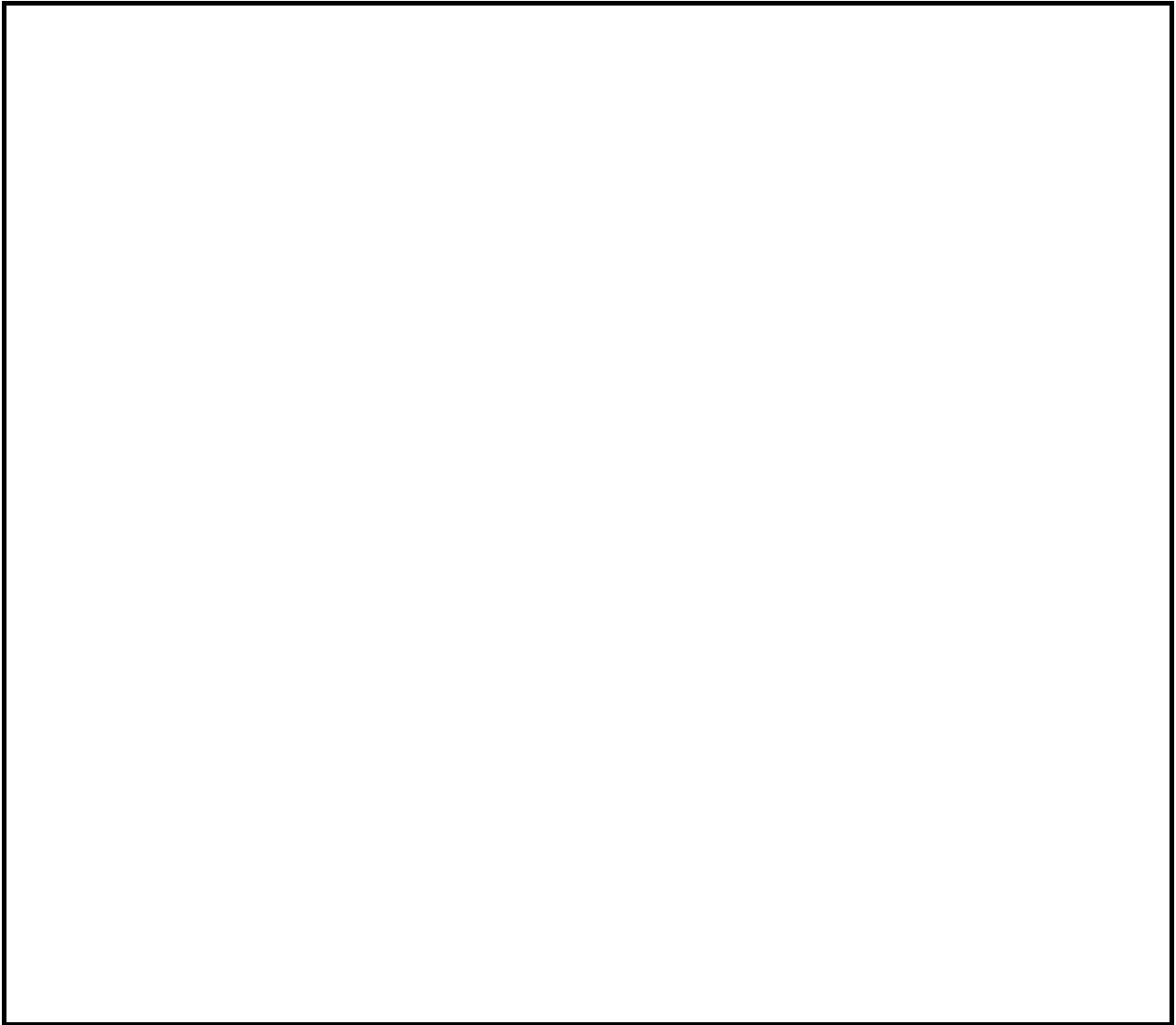
TOWNSHIP BOARD APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

RECORDED SURVEY RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_

ADMINISTRATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROVIDE SCALE DRAWING OF SUBJECT PROPERTY WITH ORIGINAL DIMENSIONS AND INDICATE PROPOSED SPLIT BY BOLD LINES ON SAME. INCLUDE ORIGINAL LOT NUMBERS. DO NOT NAME OR NUMBER THE NEW LOTS. INCLUDE ROAD FRONTAGE, EASEMENTS, BUILDINGS OR OTHER PERTINENT INFORMATION. YOU MAY PROVIDE A LARGER DRAWING IF YOU DESIRE.



UPON APPROVAL THE APPLICANT MUST HAVE THE PROPERTY SURVEYED, PROVIDE A LEGAL DESCRIPTION AND HAVE THE DEED RECORDED AT THE COUNTY CLERK'S OFFICE PRIOR TO THE FINAL APPROVAL OF DIVISION(S).