

**Portage Charter Township of Houghton County, Michigan**

**Land Division Application**

47240 Green Acres Road  
Houghton, Michigan 49931  
906-482-4310

YOU MUST ANSWER ALL QUESTIONS AND INCLUDE ALL ATTACHMENTS, OR THIS WILL BE RETURNED TO YOU. Bring or mail to Portage Township at the above address.

Approval of a division of land is required before it is sold, when a new parcel is less than 40 acres and not just a property line adjustment (Sec. 102 c & f).

This form is designed to comply with Sec. 108 and 109 of the Michigan Land Division Act (formerly the subdivision control act P.A. 288 of 1967 as amended, particularly by P.A. 591 of 1996 and P.A. 87 of 1997, MCL 560., et seq. Approval of a division is not a determination that the resulting parcels comply with other ordinances or regulations.

**1. LOCATION OF PARENT PARCEL to be split:**

Address: \_\_\_\_\_ Road Name/Fire/911 No. \_\_\_\_\_

A. Parent Parcel Identification Number: \_\_\_\_\_

B. Parent Parcel Legal Description (DESCRIBE OR ATTACH):  
\_\_\_\_\_  
\_\_\_\_\_

C. Size of Parent Parcel: \_\_\_\_\_

D. List and attach copies of previous divisions of Parent Parcel.

**2. PROPERTY OWNER INFORMATION: (Identify all owners on deed)**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. PROPOSED DIVISION(S) TO INCLUDE THE FOLLOWING:**

A. Number of new parcels:

B. Intended Use (Residential, Commercial, etc.)

C. The division of the parcel provides access as follows: (Check One)

Each new division has frontage on an existing public road.

Road Name:

A new public road, proposed road name:

A new private road, proposed road name:

D. Describe or attach a legal description of proposed new road, easement or shared driveway:

E. Describe or attach a legal description for each proposed new parcel:

**4. FUTURE DIVISIONS** being transferred from the parent parcel to another parcel. Indicate number transferred \_\_\_\_\_ (See section 109 (2) of the Statute. Make sure your deed includes both statements as required 109 (3 & 4) of the Statute.)

**5. DEVELOPMENT SITE LIMITS** Check each which represents a condition which exists on the parent parcel:

\_\_\_\_\_ Waterfront property (river, lake, pond, etc.)

\_\_\_\_\_ Includes wetlands

\_\_\_\_\_ Is within a flood plain

\_\_\_\_\_ Includes a beach

\_\_\_\_\_ Is on muck soils or soils known to have severe limitations for on-site sewage system

**6. ATTACHMENTS: All of the following attachments MUST be included. Letter each attachment as shown:**

A. A scale drawing for the proposed division(s) of the parent parcel showing:

- (1.) current boundaries (as of March 31, 1997), and
- (2.) all previous divisions made after March 31, 1997 (indicate when made or none), and
- (3.) the proposed division(s), and
- (4.) dimensions of the proposed division(s), and
- (5.) existing and proposed road/easement right-of-way(s), and
- (6.) easements for public utilities from each parcel that is a development site to existing public utility facilities, and
- (7.) any existing improvements (buildings, wells, septic system, driveways, etc.)
- (8.) any of the features checked in question number 5.

B. Indication of approval, or permit from the Houghton County Road Commission, that a proposed easement provides vehicular access to an existing road or street meets applicable location standards.

C. A copy of any reserved division rights (sec. 109 (2) of the Act) in the parent parcel.

D. A fee of \$100.00

**7. IMPROVEMENTS:** Describe any existing improvements (buildings, well, septic, etc. which are on the parent parcel or indicate none). \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(ALL MUST SIGN)**

**FOR OFFICE USE ONLY. REVIEWER'S ACTION:**

Total Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Zoned: \_\_\_\_\_

Signature: \_\_\_\_\_

Application Completed: Date \_\_\_\_\_ Approval: Date \_\_\_\_\_

Denial: Date: \_\_\_\_\_ Reasons for Denial: \_\_\_\_\_

see attached.