

CITY OF DAVISON

200 E. FLINT ST.
SUITE 2
DAVISON, MI 48423
810.653.2191

www.cityofdavison.org

(For City Use Only)

Date Received: _____

Application Fee: _____

Parcel Number(s): _____

SPLIT/COMBINATION APPLICATION

APPLICATION DEADLINE IS DECEMBER 31ST, RESULTING PARCEL #'S WILL BECOME EFFECTIVE MARCH 1ST.

OWNER/AGENT NAME: _____

PROPERTY ADDRESS: _____

OWNER(S) SIGNATURE: _____ PHONE: _____ FAX: _____

Is this split for developmental purposes? _____ Yes _____ No

1. **PRELIMINARY APPROVAL FROM PLANNING ADMINISTRATOR.**
2. **SURVEY OF PARENT PARCEL(S) SHOWING ALL RESULTING PARCELS, STRUCTURES & THEIR DISTANCE FROM LOT LINES.**
3. **CERTIFIED LEGAL DESCRIPTIONS FOR ALL RESULTING PROPERTY.**
4. **TAXES PAID ON ALL EFFECTED PARCEL(S).**
5. **A NON-REFUNDABLE FEE OF \$50.00 FOR THE FIRST (2) TWO LEGAL DESCRIPTIONS AND \$20.00 FOR EACH ADDITIONAL LEGAL DESCRIPTION.**

OF RESULTING LEGAL DESCRIPTIONS: _____

PARENT PARCEL NUMBERS

52- _____

52- _____

52- _____

LAST BILLED TAXES PAID _____
CLASS _____
GARBAGE _____
SPECIAL ASSESSMENTS _____
ZONED _____

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ZONED _____

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CLASS _____
GARBAGE _____
SPECIAL ASSESSMENTS _____
ZONED _____

MINIMUM SQUARE FEET REQUIRED FOR DWELLING: _____

IS PUBLIC WATER AVAILABLE? _____

IS PUBLIC SEWER AVAILABE? _____

IF PUBLIC SEWER IS AVAILABLE, BUT ACROSS THE ROAD, ARE LEADS PROVIDED FOR EACH LOT? _____ YES _____ NO _____ TAP NOTIFICATION (attached)

DOES THE LOT MEET THE SIZE REQUIREMENTS FOR THE ZONING DISTRICT? _____ YES _____ NO

DOES THE LOT REQUIRE GENESEE COUNTY ROAD COMMISSION APPROVALS? _____ YES _____ NO

IS EACH PARCEL IN COMPLIANCE WITH WIDTH/DEPTH REQUIREMENT? _____ YES _____ NO

DOES EACH PARCEL HAVE MINIMUM FRONTAGE REQUIRED? _____ YES _____ NO

ADDITIONAL REQUIREMENTS _____ \$ _____
(Bonds)

IS THE NEW PARCEL A BUILDABLE LOT? _____ YES _____ NO

6. **PLANNING ADMINISTRATOR** _____ OK _____ DENIED _____
Initials Date Date

REASON FOR DENIAL: _____

COMPLIANT WITH PLAT ACT? _____ YES _____ NO

Date Submitted _____

7. **ASSESSOR** _____ OK _____ DENIED _____
Initials Date Date

Date Sent to County _____

REASON FOR DENIAL: _____

_____ Register Receipt