

PARCEL DIVISION/COMBINATION APPLICATION

City of Wixom
49045 Pontiac Trail, Wixom, MI 48383
248.624.3280

This form is designed to comply with the Michigan Land Division Act and Chapter 16.28 of the City of Wixom Code of Ordinances

TO THE CITY ASSESSING DEPARTMENT OF THE CITY OF WIXOM, OAKLAND COUNTY, MICHIGAN:

Date Submitted: _____ Review Fee _____
Commercial / Industrial - \$250 per parcel, per review (plus consulting fees)
Residential; \$100 per parcel

Type of Request (*check one*): Split _____ Combination _____

I (We) the undersigned do hereby make application to the City Assessing Department to divide, combine, or otherwise reconfigure the parcel(s) herein. In support of this application the following facts are shown:

THE PROPERTY TO BE DIVIDED/COMBINED IS OWNED BY:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE () _____ EMAIL _____

OWNER SIGNATURE: _____

I (We), the above signed, am the legal owner(s) of the above referenced property, and hereby request the division/combination of said property per the attached surveys.

This application must be signed by all persons who have any legal or equitable interest in the parent parcel(s). Attach additional ownership information and signatures as necessary.

SECTION I. LAND DIVISION:

1. Is this division for the purpose of sale, lease of more than one year, or building development?

____ Yes ____ No

(Fill out item #2 for Platted Lots or item #3 for Acreage Parcels)

2. The property to be divided is part of a recorded plat located in Section _____, having an address of _____, and is known as Lot(s) _____ of _____ Subdivision.

Parcel Identification Number (s) _____

3. The property to be divided is acreage, is not part of a recorded plat, and is located in Section _____, having an address of _____.

Parcel Identification Number _____ Original Acreage _____

Parcel Identification Number _____ Original Acreage _____

4. It is requested that the above referenced acre(s) be divided into _____ new parcels

5. TAX BILLING INFORMATION

Please indicate the name and address information for each new parcel.

A. _____ B. _____

C. _____ D. _____

6. Will the parent parcel(s) have any unallocated divisions under the Land Division Act?
___Yes___ No If yes, complete and attach Michigan State Tax Commission form L-4260a

7. Petitioner information (if different from the owner)

Petitioner Name

Petitioner Signature and Date

City, State, Zip Code _____

SECTION II. LAND COMBINATION:

1. Parcel One:

Parcel Identification Number: _____

Address: _____

2. Parcel Two:

Parcel Identification Number: _____

Address: _____

3. Parcel Three:

Parcel Identification Number: _____

Address: _____

SECTION III. ACKNOWLEDGEMENT:

The undersigned affirms and declares that the information provided herein is true and accurate. The undersigned acknowledges that any approval of this application is not a determination that the resulting parcel(s) comply with other applicable ordinances, rules or regulations which may control the use or development of the parcel(s). It is also understood that ordinances, laws and regulations are subject to change and that any approved parcel division is subject to such changes that may occur before the recording of the division or the development of the parcels.

Property Owner's Signature: _____ Dated: _____

Printed Name: _____

STATE OF MICHIGAN)
) SS
COUNTY OF OAKLAND)

On this _____ day of _____, 20____,
_____ appeared before me and acknowledged that he signed
this Parcel Division/Combination Application.

_____, Notary Public
_____ County, Michigan
Acting in _____ County
My Commission Expires: _____

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING INFORMATION. (APPEALS TO CITY COUNCIL SHALL ALSO INCLUDE THIS INFORMATION.)

- A. Signed and sealed surveys (two copies) by a Registered Civil Engineer or Licensed Land Surveyor of the existing and proposed properties. The surveys shall depict the following:
1. A boundary survey of the existing parcel(s) and associated legal description(s).
 2. Accessibility to each division must be illustrated and noted on the parcel map.
 3. The right-of-way dimension of major road (if applicable).
 4. Any existing deed restrictions.
 5. Surveys shall be at least 8.5 x 14" and at a scale of not less than 1" = 100' and show all property irons and monuments found or placed on the parcel(s).
 6. Surveys shall include accurate legal descriptions. Parcel areas shall be shown to the nearest 100th of an acre. For parcels less than one acre, parcel area shall be shown to the nearest square foot.
 7. Surveys shall be dated, including the dates of any revisions.
 8. Surveys shall show the existing zoning and the front, rear and side yard setbacks of each parcel.
 9. Surveys shall show all existing structures, roadways, easements, floodplains, and existing structures to proposed parcel lines.
 10. Survey shall show the location, dimensions and nature of proposed ingress to and egress from any existing public or private streets.
- B. Proof of fee ownership (i.e. deed) for all of the property to be divided and a current title insurance commitment for all of the parent parcels.
- C. A letter from the engineer or land surveyor indicating that the land division, as requested, does not violate the Michigan Land Division Act, as amended.
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HOMESTEAD AND FARMLAND EXEMPTIONS

The division of a property will delete the Homestead Exemption or the Farmland Exemption that may currently be in place. In order to continue an exemption from some school operating taxes, a Michigan Department of Treasury form is available at and must be submitted to the City of Wixom Assessing Department.

POSSIBLE ADDITIONAL FEES

Consultant and attorney costs, as may be necessary, are in addition to stated fee along with a 15% administrative fee on consulting and attorney costs.

APPEAL FROM CITY ASSESSING DEPARTMENT DETERMINATION

The City of Wixom shall approve or deny a land division application within forty-five (45) days after receipt of an application package that conforms to Section 16.28 requirements, and shall promptly notify the applicant of the decision and all of the reasons for denial. Any person or entity aggrieved by the decision of the City may, within twenty (20) days of said decision, appeal the denial to the City Council by contacting the City Clerk and securing an appointment on the next available agenda. Notice of the date, time and location of the appointment shall be mailed to the persons adjacent to the property to be divided. The mailing shall be sent to the persons as they appear on the assessment roll. The City Council shall, whenever possible, resolve such appeal by a majority vote at its next regular meeting or session. The City council shall have jurisdiction over appeals and shall conduct a *de novo* review of the application and determine whether permission to divide or combine shall be granted.

APPEALS TO CITY COUNCIL

Date of City Denial _____ Date Appeal Filed _____

Next available agenda due _____ Payment of \$25 Appeal Fee _____

ROUTING FOR APPEAL TO CITY COUNCIL

Date	Department	Attachment	Signature
_____	City Manager	Yes/No	_____
_____	Assessing	Yes/No	_____
_____	Attorneys	Yes/No	_____
_____	Building	Yes/No	_____
_____	Engineering/Planning	Yes/No	_____

CITY COUNCIL ACTION

_____ Denied Approved with Motion _____(Attached)

I hereby certify that the foregoing has been adopted by the City Council of the Cit of Wixom at a regular meeting held on this _____ day of _____, 20_____.

Catherine Buck, City Clerk
City of Wixom, Oakland County, MI

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Application Checklist:

- _____ Application fee collected (Residential - \$100 per parcel; Commercial / Industrial - \$250 per review)
- _____ Surveys included
- _____ Proof of Ownership for property (ies)
- _____ Proof of payment of all outstanding and current taxes and special assessments
- _____ Evidence of Land Title, if necessary
- _____ Letter from Engineer or Land Surveyor

Signature of accepting City employee: _____

Printed Name: _____

Consultant Review (if necessary):

Applicant Advised Date: _____

(Spoke with): _____

Name of Consultant: _____

Fees accrued by Consultant: _____

Consultant fee collected: _____
(include a 15% admin. Fee)

Application acceptance date: _____

Application approved date: _____

Application denied date: _____

Reasons for denial: _____
