

KINDERHOOK TOWNSHIP
LANDS DIVISION (SPLIT) APPLICATION
(continued)

8. Is there a HOME/BLDGS on the PARENT Parcel? Yes or No (Circle one)
Who will retain the home? _____ or N/A Who will retain the bldgs? _____

9. AFFIDAVIT and permission for municipal officials to enter property for inspection. The State of Michigan, by law, allows for the local assessor and all code enforcement officials to enter your property to perform their required duties.

I agree the statements I have made above are true, and if found not to be true this application and any approval will be void. Further, I agree to comply with the conditions and regulations provided with this parent parcel division.
I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance and the State 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, 101et. Seq.) and does not include any representation or conveyance of rights, any other statute, building code, zoning ordinance, deed restrictions or other property rights.
Finally, even if the division is approved by the local unit of government, I understand local zoning ordinances and State Acts change from time to time and if changes occur prior to my document clearly stating that the locally approved divisions legal description(s) are recorded with the Register of Deeds, or the division is built upon, I will be required to re-apply for division approval and I will be subject to any and all changes.

10. PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

SEND ALL SPLIT REQUESTS TO: KINDERHOOK TWP
ATTN: RUSSELL SILER
797 S. ANGOLA RD
COLDWATER, MI 49036 517-238-6182

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

REVIEWER'S ACTION

Number of Splits Allowed: _____ Boundary Adjustment Only: Yes or No
Total Fee: \$ _____ Check #: _____ Current Zoning: _____

_____ APPROVED, conditions, if any: _____

_____ DENIED, reason(s): _____

RUSSELL E. SILER, ZONING ADMINISTRATOR DATE: _____

RUSSELL E. SILER, ASSESSOR DATE: _____

