

PROPERTY SPLIT/COMBINATION APPLICATION

City of Ecorse

3869 West Jefferson Avenue • Ecorse, MI 48229 • (313)-386-2520

Application Date: _____ Date Submitted to County: _____ Change for Tax Year: _____

INSTRUCTIONS: This completed application, when filed with the necessary materials outlined below, will initiate the process of a property Split or Combination in accordance with the provisions of the City Zoning Ordinance and Land Division Act. Complete each section and provide all required materials.

Incomplete applications will delay the review process.

Wayne County Treasurer Tax Certification Stamp:

Purpose: Division Combination Boundary Adjustment

Please note that applications approved in each calendar year will have new parcel identification numbers assigned to them, but these changes will have no effect on property assessments or taxes until the following year.

All Properties Affected

| CURRENT PROPERTY OWNER(S) | CURRENT PARCEL INFORMATION |
|---------------------------------|-----------------------------|
| Applicant's Name: _____ | Parcel I.D. Number: _____ |
| Mailing Address: _____ _____ | Property Address: _____ |
| Phone Number: () - - _____ | Subdivision Name: _____ |
| | Lot(s): _____ Zoning: _____ |

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|---------------------------------|-----------------------------|
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| | Lot(s): _____ Zoning: _____ |

Application will not be accepted until ALL of the required items listed below have been provided

Check Below:

_____ Proof of ownership for each parcel

_____ Proof of all current year property taxes and special assessments paid

_____ County Treasurer Certificate (*Showing that all property taxes and special assessments due on the Parcel for the 5 years preceding the date of the application have been paid.*)

_____ Legal description(s) and survey (if required) of current parcel(s)

_____ Legal description(s) and survey (if required) of proposed parcel(s)

- *The legal descriptions and survey maps must be prepared by a licensed surveyor or civil engineer showing the location of all existing and proposed structures, setbacks, land improvements, easements, streets, driveways, and ingress and egress to public or private streets, and if applicable the location of septic tank field and well.*
- *Map and legal description for current parcel(s) must be marked as **“Exhibit A”**. This must include: existing parcel number, square footage, gross land size, and net land size.*
- *Map and legal description for proposed parcel(s) must be marked as **“Exhibit B”**. This must include square footage, gross land size, and net land size.*

_____ DTE Land Split Approval Letter

_____ Fee paid with submission of Application

- *\$300 plus \$75 for each new parcel. See “Fee Schedule - City of Ecorse, Wayne County, MI”, Building Department – Planning Review Fees, “Other Planning” (Page 16).*

Are any of the above properties under a land contract?..... Yes No

- *If yes, this application must include a copy of the land contract for each parcel. The Land Contract “seller” must be a co-applicant of this application and sign below. A notarized letter of authorization or letter of authorization including the driver license is also required.*

Are any of the above properties claiming the Principal Residence Exemption (P.R.E.)? Yes No

- *If yes, the exemption for original parcel(s) must be rescinded and a PRE form must be submitted for the newly created parcel(s).*

PLEASE NOTE: You may be required to provide proof of division rights pursuant to the provisions of the Michigan Land Division Act (P.A. 288 of 1967).

New Parcel Information

| | |
|---|---|
| New Parcel Number: _____ | (Assigned after split/combination approved) |
| Subdivision Name: _____ | |
| Lot(s): _____ | <input type="checkbox"/> Legal Description Attached (If Necessary) _____ |
| Owner Name: _____ | |
| <small>Note: If a new owner, provide deed, P.T.A., & P.R.E.</small> | |
| Property Address: _____ | |
| _____ | |

| | |
|---|---|
| New Parcel Number: _____ | (Assigned after split/combination approved) |
| Subdivision Name: _____ | |
| Lot(s): _____ | <input type="checkbox"/> Legal Description Attached (If Necessary) _____ |
| Owner Name: _____ | |
| <small>Note: If a new owner, provide deed, P.T.A., & P.R.E.</small> | |
| Property Address: _____ | |
| _____ | |

| | |
|---|---|
| New Parcel Number: _____ | (Assigned after split/combination approved) |
| Subdivision Name: _____ | |
| Lot(s): _____ | <input type="checkbox"/> Legal Description Attached (If Necessary) _____ |
| Owner Name: _____ | |
| <small>Note: If a new owner, provide deed, P.T.A., & P.R.E.</small> | |
| Property Address: _____ | |
| _____ | |

APPLICANT SIGNATURE(S)

Notice: Be advised that P.A. 560.109a of the Land Division Act of 1967 requires that if a parcel resulting from a division is less than 1 acre in size, a building permit shall not be issued for the parcel unless it has public water and/or public sewer or District Health Department approval for on-site water supply and/or sewage disposal conforming with Health Department standards. The City of Ecorse’s approval of a proposed division resulting in a parcel less than 1 acre in size and its officers and employees are not liable if a building permit is not issued for the reasons set forth in this section.

| | |
|---|----------------------------|
| Legal Owner: _____ Print Name | Email: _____ |
| _____ Signature | Phone Number: _____ |

| | |
|---|----------------------------|
| Legal Owner: _____ Print Name | Email: _____ |
| _____ Signature | Phone Number: _____ |

| | |
|---|----------------------------|
| Legal Owner: _____ Print Name | Email: _____ |
| _____ Signature | Phone Number: _____ |

Project Representative (If Applicable)

Name: _____

Company Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

CITY USE ONLY (do not write below this line)

WATER & SEWER DEPARTMENT

Approved Denied _____ Date: _____
Signature of Superintendent or Authorized Representative

Comments: _____

BUILDING/ZONING DEPARTMENT

Approved Denied _____ Date: _____
Signature of Building Official or Authorized Representative

Comments: _____

CONTROLLER/TREASURER DEPARTMENT

Approved Denied _____ Date: _____
Signature of Controller or Authorized Representative

Comments: _____

ASSESSING DEPARTMENT

This application conforms to the requirements of the Michigan Land Division Act regarding division rights.

Approved Denied _____ Date: _____
Signature of Assessor or Authorized Representative

Comments: _____

