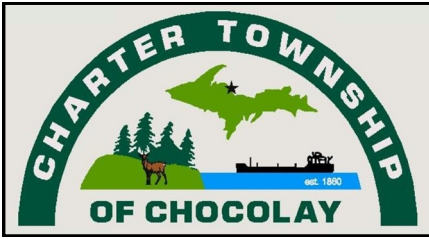


Lot Split Application



Chocolay Charter Township Assessing Office

5010 US 41 South
Marquette, MI 49855
Phone: 906-249-1448 Fax 906-249-1313

#LS- _____ - _____

Fee \$75.00

Date Paid: _____

Receipt # _____

The purpose of this ordinance is to carry out the provisions of Chocolay Township Ordinance #42 Lot Splitting Ordinance as consistent with the provisions of Section 263 of the State Land Division Act 1967 PA 288, as amended. Ordinance #42 provides a procedure for seeking approval of proposed lot splits within recorded plats, and provides standards which will insure that such lot splits, if approved, will not adversely affect the public health, safety, and welfare.

Owner Information

Owner Name: _____
Owner Address: _____

Phone: _____
E-mail: _____

Additional Owner or Agent Information

Agent Name: _____
Agent Address: _____

Phone: _____
E-mail: _____

Date of Application: _____ Zoning District of subject parcel(s): _____

Parcel ID # and Address of all subject parcels: _____

APPLICATION REQUIREMENTS FOR LOT SPLIT APPROVAL

- _____ A. Contact information and proof of ownership for all owners for the lot(s) for which authorization for a lot split is being sought; and
- _____ B. Current legal description(s) of the parcel(s) that is the subject of the application;
- _____ C. A site plan or survey drawn to scale including an accurate legal description of each proposed division; the boundary lines of the existing parcel(s); the proposed boundary line(s); proposed lot dimensions and area; location of existing buildings and structures and also measurements for the setback distance in feet of such buildings or structures from all property lines; and the location of all access points and driveways connecting to roads/streets; and
- _____ D. A list and description of any and all easements, encroachments, and public utilities located on said property;
- _____ E. A written review and evaluation of the proposed lot split by either the Marquette County Road Commission or the Michigan Department of Transportation, if the proposed lot split abuts either a Marquette County road right-of-way or a Michigan Department of Transportation highway right-of-way.
- _____ F. Proof that the lots resulting from the proposed lot split shall be approved by the County Health Department for installation of septic systems and private wells, unless public sewer and water are available, and in that case a statement from the Township that the resulting lots will be approved for connection to public utilities.
- _____ G. Such other and additional information as may be reasonably required by the Planning Director.



Lot Split Application Approval Standards

#LS- _____ - _____

SUPPLEMENTAL INFORMATION

If needed attach additional sheets, or provide a separate narrative to fully describe how the proposal meets the “standards for approval of lot splits below”. In addition, **please provide an explanation of the reasons for and the purposes of the proposed lot split.**

STANDARDS FOR APPROVAL OF LOT SPLITS

In reviewing an Application for a lot split, the Planning Director, the Zoning Administrator, the Planning Commission, and the Township Board shall consider and make specific findings of conformity and/or nonconformity with the following described standards:

- A. If the result of the proposed lot split would be the creation of a new building site:
 - 1. The proposed lot split shall be consistent with the Township Comprehensive Plan and any land use plans and subdivision regulations adopted by the Township Board, and shall not be detrimental to the health, safety, and welfare of the public;
 - 2. The lots resulting from the proposed lot split shall contain the minimum lot widths and lot area of the requirements of the zoning district in which said lots are located;
 - 3. The proposed lot split shall not place any existing structures in nonconformity with those provisions of the Township Zoning Ordinance applicable to the zoning district in which said proposed lots are located, including but not limited to setback requirements.
 - 4. The proposed lots shall be approved by the County Health Department for installation of septic systems and private wells, unless public sewer and water are available to said proposed lots, in which case they shall be approved by the Township for connection thereto.
 - 5. The proposed lots shall abut a public road or an approved private road in accordance with Section 402 of the Township Zoning Ordinance.

- A. If the result of the proposed lot split would be the creation of a new building site:
 - 1. The proposed lot split shall be consistent with the Township Comprehensive Plan and any land use plans and subdivision regulations adopted by the Township Board, and shall not be detrimental to the health, safety, and welfare of the public;
 - 2. The proposed lot split shall not result in the creation of a lot which does not meet the minimum lot widths and lot area requirements of the zoning district in which said lots are located.
 - 3. The proposed lot split shall not place any existing structures in nonconformity with those provisions of the Township Zoning Ordinance applicable to the zoning district in which said proposed lots are located, including but not limited to setback requirements.
 - 4. The proposed lot split shall not landlock any other parcel of property.



Lot Split Application Approval Procedure

#LS- _____ - _____

- I hereby certify that I have been authorized to make this application. I further certify that the proposed plans as shown are accurate to the best of my knowledge and contain an accurate legal description and specifications for all existing and proposed buildings or structures and parcels.
- I understand that this application may not cover all approved required by Marquette County or the State of Michigan, and that other approvals may be necessary.
- **I, THE APPLICANT/OWNER, FURTHER AGREE THAT NEITHER ME NOR MY SUCCESSOR WILL SELL, CONVEY, OR OTHERWISE DISPOSE OF ANY LAND SURROUNDING A STRUCTURE IF SUCH TRANSACTION WILL RESULT IN THE STRUCTURE BEING LEFT ON A LOT WHICH FAILS TO MEET THE MINIMUM REQUIREMENTS SET FORTH IN THE TOWNSHIP ZONING ORDINANCE.**

Owner/Agent Signature: _____ Date _____

Name (Print) : _____

Owner/Agent Signature: _____ Date _____

Name (Print) : _____

Owner/Agent Signature: _____ Date _____

Name (Print) : _____

Owner/Agent Signature: _____ Date _____

Name (Print) : _____

Office Use Only

Date completed application received: _____ Received by _____

Date of public notices: _____

Date of public hearing: _____

Planning Commission _____ Approved/ _____ Denied Date: _____

Township Board _____ Approved/ _____ Denied Date: _____

*Attach minutes of meetings with stated reasons for approval or denial.