

Date request received: \_\_\_\_\_ Date Official Request Begins: \_\_\_\_\_

(NOTE: The 45 days for Butler Township to return an answer to this request does not officially begin until the owner has satisfactorily met all the items indicated on this form)

# BUTLER TOWNSHIP

## REQUEST BY OWNER

TO SPLIT PROPERTY:

(Name)  
(Address)  
Phone:

Buyer's Name:  
Address:  
Phone:

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRINTED NAME)

PARENT PARCEL NUMBER: 12-040 - - - -

Is there a Home/Bldgs on Parent Parcel? Y or N Who will retain the home? \_\_\_\_\_

Who will retain buildings? \_\_\_\_\_

*(Applicant do not write below this line)*

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*(Applicant do not write below this line)*

### STEP #1

SEND ALL SPLIT REQUESTS TO: James Webb, 139 Western Ave Coldwater, MI 49036 Phone #: 517-639-9065 ext 20

- 1 - Is this request made by the **OWNER**? **YES** or **NO** (circle one) If **NO**, the request is **DENIED**
- 2 - Has the **OWNER** provided a reasonable sketch of the existing property and does the sketch also show the requested **SPLIT** with all the dimensions clearly indicated for each of the property lines? **YES** or **NO** (circle one)

If **NO**, describe what the owner(s) needs to provide the Zoning Coordinator before the Assessor can review this request for a split:

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-  
-

**DOES OWNER'S REQUEST MEET WITH ALL LOCAL ZONING REQUIREMENTS?** **YES** or **NO** (circle one)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
James Webb, Township Zoning Administrator

### STEP # 2

REVIEW OF SPLIT REQUEST BY ASSESSOR FOR COMPLIANCE WITH THE 1 APRIL 1997 LANDS DIVISION ACT

- 1 - Did owner supply the **PARENT PARCEL ID #** **Yes** or **NO** (circle one)
- 2 - Did owner include a complete legal description for both the parent and child parcel? **YES** or **NO** (circle one)
- 3 - Did owner provide a legible sketch of the parent parcel? **YES** or **NO** (circle one)
- 4 - Does the sketch show the requested split (child) parcel with all property lines clearly marked with the requested dimensions? **YES** or **NO** (circle one)
- 5 - Does the requested split meet all the requirements of 1997 LANDS DIVISION ACT? **YES** or **NO** (circle one)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Assessor: Erica Ewers, 1048 Campbell Rd, Quincy, MI 49082 Phone: (517) 639-9074

This request is: **APPROVED**                      **DISAPPROVED**

(If Approved, Assessor will distribute copies) If **DISAPPROVED**, List reason(s) & Return to Owner:

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Cy to:    **Planning Chairman**       **Twp Assessor-Original**       **Land Resource Center**       **Property Owner**  
   **Twp Supervisor**