CITY OF DAVISON

200 E. FLINT ST.
SUITE 2
DAVISON, MI 48423
810.653.2191
www.cityofdavison.org

(For City Use Only)
Date Received: _____
Application Fee: _____
Parcel Number(s): _____
_____
_____

SPLIT/COMBINATION APPLICATION

APPLICATION DEADLINE IS DECEMBER 31ST, RESULTING PARCEL #'S WILL BECOME EFFECTIVE MARCH 1ST.

OWNER/AGENT NAME: _____

PROPERTY ADDRESS: _____

OWNER(S) SIGNATURE: _____ PHONE: _____ FAX: _____

Is this split for developmental purposes? _____Yes _____No

1. **PRELIMINARY APPROVAL FROM PLANNING ADMINISTRATOR.**
2. **SURVEY OF PARENT PARCEL(S) SHOWING ALL RESULTING PARCELS, STRUCTURES & THEIR DISTANCE FROM LOT LINES.**
3. **CERTIFIED LEGAL DESCRIPTIONS FOR ALL RESULTING PROPERTY.**
4. **TAXES PAID ON ALL EFFECTED PARCEL(S).**
5. **A NON-REFUNDABLE FEE OF $75.00 FOR THE FIRST (2) TWO LEGAL DESCRIPTIONS AND $35.00 FOR EACH ADDITIONAL LEGAL DESCRIPTION.**

OF RESULTING LEGAL DESCRIPTIONS: _____

PARENT PARCEL NUMBERS

52-_____ 52-_____ 52-_____

LAST BILLED TAXES PAID _____ LAST BILLED TAXES PAID _____ LAST BILLED TAXES PAID _____
CLASS _____ CLASS _____ CLASS _____
GARBAGE _____ GARBAGE _____ GARBAGE _____
SPECIAL ASSESSMENTS _____ SPECIAL ASSESSMENTS _____ SPECIAL ASSESSMENTS _____
ZONED _____ ZONED _____ ZONED _____

MINIMUM SQUARE FEET REQUIRED FOR DWELLING: _____

IS PUBLIC WATER AVAILABLE? _____

IS PUBLIC SEWER AVAILABE? _____

IF PUBLIC SEWER IS AVAILABLE, BUT ACROSS THE ROAD, ARE LEADS PROVIDED FOR EACH LOT? _____YES _____NO _____ TAP NOTIFICATION (attached)

DOES THE LOT MEET THE SIZE REQUIREMENTS FOR THE ZONING DISTRICT? _____YES _____NO

DOES THE LOT REQUIRE GENESEE COUNTY ROAD COMMISSION APPROVALS? _____YES _____NO

IS EACH PARCEL IN COMPLIANCE WITH WIDTH/DEPTH REQUIREMENT? _____YES _____NO

DOES EACH PARCEL HAVE MINIMUM FRONTAGE REQUIRED? _____YES _____NO

ADDITIONAL REQUIREMENTS _____ $_____ **(Bonds)**

IS THE NEW PARCEL A BUILDABLE LOT? _____YES _____NO

6. PLANNING ADMINISTRATOR _____ **Initials** OK _____ **Date** DENIED _____ **Date**

REASON FOR DENIAL: _____

COMPLIANT WITH PLAT ACT? _____YES _____NO

Date Submitted _____

7. ASSESSOR _____ **Initials** OK _____ **Date** DENIED _____ **Date**

Date Sent to County _____

REASON FOR DENIAL: _____

_____Register Receipt