3800 Laµ Port Hui	Huron Charter Town Deer Road ron, MI 48060 NGE APPLICATION	I	Date Received: Application #: Fee Paid	
APPLICANT IN	FORMATION			
Name:				
Address:	City	State	Zip	
Phone:	Alt Phone:	Fax:		
OWNER INFO	RMATION – If different from App	olicant.		
Name:				
Address:	City	State	Zip	
Phone:	Alt Phone:	Fax:		

## I respectfully request that the following be 🗌 Split or 📄 Combined per the attached

Each application allows for one of the aforementioned actions. Separate applications must be submitted for multiple properties.

I agree that the statements made in this application are true to the best of my knowledge, and if found not to be true, this application and any approval based on the information provided herein will be void. I agree to comply with the conditions and regulations provided with this property division or combination. If necessary, I give permission to the officials of Port Huron Charter Township, St. Clair County and the State of Michigan to enter the property described herein to verify that the information provided is correct, at a time to be mutually agreed upon by the owner / applicant and the official. In the case of a property division, I understand that approval conveys only certain rights under the applicable division ordinance, zoning ordinance, and the State Land Division Act and does not include any representation or conveyance of rights in any other statute, building code, ordinance, deed restriction or any other property rights.

Signature of Applicant	Date	Signature of Property Owner	Date

## Instructions:

In order for Port Huron Charter Township to review this application, all information requested must be provided and all three pages of the application must be filled out in their entirety. Any fees required must also be submitted with the application. Any application that is not complete will be returned to the applicant and will not be reviewed until such time as the applicant submits all necessary information. The application may be submitted in person or by mail to:

> Assessing Department Port Huron Charter Township 3800 Lapeer Road Port Huron, Michigan 48060

REQUIRED ATTACHMENTS: Any application submitted without ALL of the items below will	be returned.
Label all attachments with the corresponding letter below and submit with this application.	
A. Signed "Request for Split/Combination" Form from St. Clair Co. GIS Department	
B. Proof of Ownership	
$\Box$ C. Proof that taxes are paid in full on all properties involved	
D. A survey / drawing showing the following	
<ol> <li>Current Boundaries</li> <li>All divisions made after March 31, 1997. If none, so indicate.</li> <li>The proposed division or combination with all dimensions.</li> <li>Existing and proposed roads, easements (including public utilities), rights-of-way.</li> <li>All existing improvements (buildings, wells, septic system, public water / sewer, driveways,</li> </ol>	etc.)
E. New legal descriptions for all properties involved.	
□ F. Detroit Edison Letter of Approval	
G. SEMCO Letter of Approval	
I. St. Clair County Road Commission Letter of Approval	
Lot Split Property Information – Attach additional sheets where necessary	
Parent Parcel Property Tax ID #: 74 – 28 Section:	
Parent Parcel Legal Description :   Check here if attached	
Planned Property Use Description: Current Zoning: _	
# of Existing Buildings on Property: Building Use(s):	
Proposed # of Parcels to be created: (drawing and legal descriptions per attachmen	ts D & E)
Total Square Footage and Lot Dimensions after split: ASq.Ft. Frontage D	epth
Total Square Footage and Lot Dimensions after split: BSq.Ft. Frontage D	epth
Total Square Footage and Lot Dimensions after split: CSq.Ft. Frontage D	epth
Total Square Footage and Lot Dimensions after split: DSq.Ft. Frontage D	epth

Property Tax ID #: A. 74 – 28	Pro	perty Tax ID #: B.	74 – 28	
Property Tax ID #: C. 74 – 28	Prc	operty Tax ID #: D.	74 – 28	
_egal Descriptions:	ed per Attachments E	0& E		
Planned Property Use Description:				
Current Zoning:				
# of Existing Buildings on Property:	Building	(s) Use(s):		
Total Sq. Ft. and Lot Dimensions after com	pination:	Sq. Ft. Frontage: _	Depth:	
	Compliance: Y	es No	Date:	
ASSESSOR				
Remarks:				
ZONING ADMINISTRATOR	Compliance: Yo	es No	_ Date:	
Remarks:				
PLANNING COMMISSION	Recommend Approv	/al: Yes No	Description Date:	
Remarks:				
	Approved	Denied	Date:	
TOWNSHIP BOARD				