

For Zoning Administration Use Date Received
Land Division Approved
Land Division Denied
Land Division Permit No

## TOWNSHIP OF MUNISING LAND DIVISION APPLICATION

Please complete the application, include a check in the amount of \$150.00, payable to Munising Township, and mail to the following:

	Township of Munising PO Box 190 Wetmore, MI 49895	Donnie Willson, Assessor/Land Division Officer (906) 202-0232 <a href="mailto:muntwpassessor@jamadots.com">muntwpassessor@jamadots.com</a>
Ap	plicant	
Ow	vner	
Ad	dress	
Cit	у	
Sta	ite/Zip	
Pho	one Number(s)	
	wings are to be included with the a  Is this request for a land division	nal parcel as it existed on March 31, 1997. (Exhibit A)
2.	How many divisions? If this parcel is a previous divisio	on, what is its parcel number? 02-006eed created after March 31, 1997. (Exhibit B)
3.	<u>*</u>	nd legal description for each parcel proposed. Show all luding natural gas, electric, cable and road on the scaled
4.	road. Provide written documenta	if the parcel does not have frontage on a State or County tion of access approval and or a driveway curbcut access Road Commission or Department. (Exhibit D)

	If more than one parcel division is proposed please provide a list of all parcels including the lot width and lot area of each and describe the total number of divisions below: (Exhibit E)		
5.	The parcel to be retained contains how many acres?		
6.	Does each parcel have a lot width to depth ratio of less than 4 to 1?  If no, please explain:		
7. Is any resulting parcel less than one acre?			
AC	KNOWLEDGEMENT		
Ap	proval of a land division is required before any division is created, sold, transferred. proval of a land division is not a determination that the resulting parcels comply with other inance or regulations of Munising Township, Alger County or the Stat of Michigan.		
bui	nising Township, its officers, employees and agents are not liable if a zoning permit or lding permit is not issued for the reasons set forth in Sec. 109a of the Land Division Act. plicants are encouraged to check local zoning and local health codes.		
	we) agree that the above answers and information submitted are true and accurate and if found be not true that my approval will be void.		
Ap	plicant/Owner Signature Date		
TO	WNSHIP OFFICE USE		
Vai	riance APPROVED / DENIED Permit No		
No	tes and Comments:		
If d	enied, reason for denial:		
1.			
2.			
Des	signated Land Division Officer Date		

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