

## City of Ithaca Assessing

CSZ Services LLC. Chuck Zemla, Assessor 129 W Emerson St Ithaca, MI 48847 Assessor (989) 292-4422 - City Hall (989) 875-3200

#### Land Division Applicant:

Enclosed is an application for land division for City of Ithaca, Gratiot County. Also included is Form L-4260a Notice to the Assessor or Transfer of the Right to Make a Division of Land. These forms **must** be completed to obtain final approval of the division(s).

Prior to submitting the information be sure to include the following:

- Completed Land Division Application
- Completed Form L-4260a
- Certified Survey for all new parcels created as well as remaining parent parcel
- Legal Descriptions for <u>all</u> new parcels created as well as remaining parent parcel
- Copy of the Deed to the Property, if purchased since January 1, 1997.
- Zoning approval, if applicable
- Health Department approval, if applicable
- Proof that no delinquent taxes exist on parcel proposed to be divided
- Fee: \$50.00 for each new parcel (example: 1 to 2 parcel split = \$100.00) make checks payable to "City of Ithaca"

PA 23 of 2019 requires certification from the County Treasurer that all property taxes are paid. Please obtain this certification from the Gratiot County Treasurer prior to submitting this request.

\*\*\*\*\* Gratiot County Treasurer Office 989-875-5220\*\*\*\*\*

If any of the information cited above is not included with the land division application, the application will be deemed incomplete and will be returned to the taxpayer. At that time, the completed application may be re-submitted to the assessor along with all required attachments and will once again be reviewed.

Current local ordinance requires the assessor to notify you of the approval or denial within 45 days from the date the application was submitted. Please be aware that new parcels created as a result of this land division will appear on the **2024** assessment and tax rolls.

If you have any questions, please contact us at your earliest convenience.

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Approval by your local municipality is <u>required</u> before a property may be sold. Approval is required for any land division of land 40 acres or less unless the division is just a property line adjustment or is a platted lot.

Name	e and Address where form is to be s	ent when review is completed:		
Ad Par	ent Parcel Number: 29-52			_
Na		Phone: ()	Fax: ()	
Ad Cit	dress:v:	State:	Zip:	-
			<i>21</i> p.	
Na		Phone: ()	Fax: ()	
Cit	y:	State:	Zip:	-
B. C.	Intended use (residential, commer Legal description of each propose	d new parcels (attach additional shee	ts if needed):	-
	_is riparian or littoral (river or lake _includes slopes more than twenty		oresents a condition existing on any parincludes a wetlandis within a flood plain ge tank or contaminated soils	t of the parcel)
A. B.	SURVEY, sealed by a professional Survey MUST show:	ch 31, 1997  fter March 31, 1997  curate dimensions shown  easement rights-of-way  from each parcel to existing public u  ouildings, wells, septic systems, driver		ted in Question 5
В.	ZONING APPROVAL: (Only if Yes / No Zoning Approval Requi			

C. HEALTH DEPARTMENT APPROVAL: (Only if item is checked below)

Yes / No Health Department Approval Required?

### City of Ithaca Land Division Application (Continued)

7. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections:

I hereby certify that in information contained on the application is true, and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with the conditions and regulations provided with this parcel division under all applicable State and Local regulations. Deed or other conveyance will include statements required by Public Act 591 of 1996 as to whether the right to make further divisions is proposed to be conveyed and the required statement regarding the right to farm act. Further, I agree to give permission for officials of the local municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on this application is correct.

Property Owners Signature:		Date:	
DO NOT WRITE BELOW THIS LINE			
TOTAL FEE: \$ RECEIPT NO			
REVIEWERS ACTION			
APPROVED (Conditions, if any)			
· ,			
FOR OFFICIAL USE ONLY			
Parent Parcel Number: 29-52	File Control Number:		
Name of Applicant:	Date Filed:		
Number of splits allowed by statute:	Number requested:		