

Date _____

Fee \$ _____

WRIGHT TOWNSHIP LAND DIVISION ZONING REVIEW

Bring or mail this form, along with the required map/drawing to: Wright Township Office, 1565 Jackson St., P.O. Box 255, Marne, MI 49435

If this Zoning Review is approved, a Land Division Application Form will be sent to you. That form must be completed, along with a sealed survey and all applicable documentation before any divisions can be completed.

APPLICANT NAME _____ Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

This form is designed to comply with applicable local zoning, land division ordinances and s109 of the Michigan Land Division Act (formerly the subdivision control act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996). MCL 560.101 et seq.

LOCATION OF PARENT PARCEL TO BE SPLIT

Address _____

Parent Parcel Number ____ - ____ - ____ - ____ - ____

Current Zone District _____

PROPOSAL - Describe the division(s) being proposed

A. Number of New Parcels _____

If a new parcel being created will be combined with an existing adjoining parcel, please note that parcel number here _____

B. Intended use (residential, commercial, agricultural, etc.) _____

A MAP OF YOUR PARCEL HAS BEEN INCLUDED. PLEASE INDICATE ON THE MAP THE FOLLOWING INFORMATION:

- Any previous divisions made after March 31, 1997 (if known)
- Dimensions of proposed divisions
- Existing easements
- Any structures or improvements not shown on the map, such as buildings, driveways, septic systems, wells, etc.
- Areas of known wetland or floodplain

Signature _____ Date _____

Do Not Write Below This Line

Reviewers Action - ____ Approved and Conditions if any

Denied and Reasons _____

Signature _____ Date _____