

**PARCEL DIVISION APPLICATION
HAYES TOWNSHIP**

Parcel Division _____ Property Transfer _____ Combination _____ Reconfiguration _____
Property Owner(s): _____
Mailing Address: _____
Email Address: _____
Phone No.: _____ Cell No.: _____
Property Address: _____
Current Property Tax Number: _____ Current Zone District _____
Number of New Parcels _____ Intended Use (residential-agricultural-commercial, etc.) _____

SURVEY MAP INCLUDING:

Surveyor Name _____ Legal description(s) of resulting parcels _____
_____ Dimensions of parent parcel _____ Dimensions of resulting parcel(s) _____ Location of all current easements
_____ Location of proposed easements _____ Location of all buildings/structures on land to be divided
_____ Distance between existing buildings/structures and property lines of resulting parcels
_____ Identification of remaining parent parcel

OTHER REQUIREMENTS

_____ Driveway Permit for each new parcel
_____ Deed _____ Land Contract _____ Lease

Remarks _____

ATTACH:

- (1) 6 COPIES OF SURVEY
- (2) 6 COPIES OF ANY PERTINENT INFORMATION OTHER THAN THOSE LISTED ABOVE

The signature of the applicant on this application authorizes the inspection of this property by all appropriate township, county, or state personnel.

APPLICANTS SIGNATURE _____ DATE _____

PROPERTY OWNERS SIGNATURE _____ DATE _____

IN THE EVENT THIS APPLICATION IS NEITHER APPROVED NOR DENIED, WITHIN 45 DAYS, IT IS HEREAFTER ASSUMED TO BE APPROVED AND APPROVAL GRANTED FORTHWITH.

REVIEWERS ACTION

_____ APPROVED _____ APPROVED WITH CONDITIONS _____
_____ DENIED: REASONS _____
_____ RETURNED FOR ADDITIONAL INFORMATION _____
_____ DATE RECEIVED _____ \$ _____ FEE RECEIVED _____

ZONING ADMINISTRATOR SIGNATURE _____ Date _____