

**Clark Township**  
P.O. Box 367  
Cedarville, Michigan 49719

Phone 906-484-2672

Fax 906-484-3199  
assessor@clarktwp.org

**LAND DIVISION APPLICATION**

Fee Schedule:  
\$150.00 Per requested division  
\$75.00 Per Combination  
Payable To: Clark Township

**Parcel Identification Number (list all applicable to parent tract)**

49-003- \_\_\_\_\_

*You must answer all questions and include all attachments and fees or application will be returned to you.*

**Property Owner**

**Applicant (if not property owner)**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**Location of parent parcel/tract to be Split or Combined:**

Address: \_\_\_\_\_

**Legal Description of Parent Parcel/Tract: (attach additional sheets if necessary)**

**Division(s) Proposed:**

- A. Number of new parcels to be created: \_\_\_\_\_
- B. Intended Use (circle one) Residential / Commercial / Agricultural / Other \_\_\_\_\_
- C. Is proposed division accessible by an existing public road? \_\_\_\_\_ If not, describe how *legal* access will be provided \_\_\_\_\_

**Write or attach a legal description for each proposed division and its access road/easement.** (Identify each proposed division parcel. (For example -- Parcel "A" described as: Parcel "B" described as: access to Parcel "A" described as: etc)

**Are any division right being conveyed to the proposed new parcel(s)?** \_\_\_\_\_

If so, list the parcel, which is receiving division rights and how many it will receive. (ex: Parcel A will receive 2 additional division rights.) Note: any division rights given to newly created parcels will be deducted from the maximum allowable divisions the parent parcel/tract had prior to application.

Parcel \_\_\_\_\_ Division Rights given: \_\_\_\_\_ Parcel \_\_\_\_\_ Division Rights given \_\_\_\_\_  
Parcel \_\_\_\_\_ Division Rights given: \_\_\_\_\_ Parcel \_\_\_\_\_ Division Rights given \_\_\_\_\_

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\_\_\_\_\_ Five Year Property Tax Certificate (preceding the date of the form) from County Treasurer Attached.

\_\_\_\_\_ Any Special Assessment. Must be paid in full.

Reviewers Action

\_\_\_\_\_ Approved – Condition if any:

**Must file new deeds at the County Register of Deeds Office, for this to take affect for the next tax year.**

\_\_\_\_\_ Denied – Reason:

Reviewers Signature and Date \_\_\_\_\_