

Lot Split Division Application
City of Bangor, Van Buren County, Michigan
Zoning & Planning Division
 257 W Monroe St Bangor, MI 49013
 Phone: 269.427.5831
 www.cityofbangormi.org

This application is for: Lot Split (\$50 per lot to be split) (Example: Splitting one lot into two parcels is \$100)

Penalty: Failure to provide the information may result in denial of your request.

Application Being Submitted By (please print)

NAME		ADDRESS	
NAME OF CITY IN WHICH LOT COMBINATION REQUEST IS LOCATED		CITY	ZIP CODE
BANGOR		BANGOR	49013
COUNTY	BETWEEN	AND	
VAN BUREN COUNTY			

Applicant Contact Information

PHONE		E-MAIL		
MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>

Owner of the Property for which the action is requested (if different than above)

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>	

Signatures

1. I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.
2. I hereby grant permission for members of the City of Bangor (Planning Commission, Board of Appeals, City Council) to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application, request or proposal. (Note: This is optional and will not affect any decision on your application.)

APPLICANT'S SIGNATURE	DATE	TOTAL AMOUNT ENCLOSED \$ _____
-----------------------	------	-----------------------------------

Validation – For Department Use Only

VALIDATION AREA (STAMP)

CITY HALL STAFF REC'D APPLICATION/FEE Date & Initials:	
CITY HALL STAFF FEE RECORDED IN BS&A Date & Initials:	
CITY HALL STAFF FORWARD TO ZONING Date & Initials:	
ZONING REVIEW Date & Initials:	
ZONING DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED*	
*IF DENIED, REASON:	
ZONING FORWARD TO PLANNING: <input type="checkbox"/> YES** <input type="checkbox"/> NO <small>**If yes, continue to next steps</small>	
ZONING FORWARD TO ASSESSOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT REGULAR PLANNING COMMISSION MEETING DATE:	
PLANNING COMMISSION DECISION:	
APPROVAL SIGNATURE	

Parent Property Information – The Lot to be Split		
ADDRESS or LOCATION of PARCEL/PROPERTY		PERMANENT PARCEL NUMBER
		80-54-_____
CURRENT ZONING of PARCEL	PARCEL SIZE	

Has this Parcel been split before?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND HOW MANY TIMES?	
CURRENT ZONING of PARCEL	PARCEL SIZE	

Proposed Split	
NUMBER OF NEW PARCELS	<p>EACH PARCEL MUST BE A BUILDABLE LOT AND HAVE ACCESS TO A PUBLIC ROAD:</p> <p>CHECK HOW THIS ACCESS TO A PUBLIC ROAD IS PROVIDED</p> <p><input type="checkbox"/> Each new parcel has frontage on an existing road</p> <p><input type="checkbox"/> They will have access to a new public road</p> <p><input type="checkbox"/> They will have access to a private road that leads to a public road</p> <p><input type="checkbox"/> They will have access by a recorded easement</p>

Attachments (Please provide all of the following with your application)
<p><input type="checkbox"/> Legal description for each lot to be created by the split.</p> <p><input type="checkbox"/> A map, drawn to scale, showing all of the following:</p> <p>(a) The parent parcel and number of divisions (if any) since March 31, 197, and</p> <p>(b) The proposed division(s), and</p> <p>(c) Dimensions of the proposed division, and</p> <p>(d) Frontage on an existing public road or proposed public road or the easement to a public road or the frontage on a private road.</p> <p>(e) If the resulting parcel is a development site, show the easements for public utilities such as gas, electric, storm sewer, sanitary sewer, water, telephone, cable and other utilities.</p>

Notes – For Department Use Only	VALIDATION AREA (STAMP)

