

LEXINGTON TOWNSHIP
PARCEL REAPPORTIONMENT/LINE ADJUSTMENT
7227 HURON AVE.
SUITE 200
LEXINGTON MI 48450
OFFICE (810) 359-5500 FAX (810) 359-5481

YOU MUST ANSWER ALL QUESTIONS AND INCLUDE ALL ATTACHMENTS, REQUIRED BY THIS APPLICATION, OR THIS WILL BE RETURNED TO YOU UNAPPROVED.

Approval of reapportionment or lot line adjustment of property is required before it is sold or transferred. This approval is not a determination that the resulting parcel will comply with other township ordinances and regulations.

1. LOCATION OF PARENT PROPERTY TO BE REAPPORTIONED:

ADDRESS: _____;

PARENT PARCEL ID #: _____ COMBINE PARCEL ID#: _____

LEGAL DESCRIPTION: _____

2. PROPERTY OWNER INFORMATION:

NAME: _____ PHONE: _____

ADDRESS _____

3. PROPOSED REAPPORTIONMENT(S) TO INCLUDE THE FOLLOWING:

A. NUMBER OF LOT LINES _____

B. INTENDED USE (RESIDENTIAL, COMMERCIAL, AG., ETC). _____

* Each residential must have 100' of frontage

* Each Ag. /Res. must have 165' of frontage

* Each Agricultural parcel must have 330' of frontage

C. EACH PARCEL HAS A WIDTH OF _____

D. EACH PARCEL HAS A DEPTH OF _____

E. THE REAPPORTIONMENT OF THE PARCEL PROVIDES ACCESS TO THE FOLLOWING:
PLEASE CHECK ONE:

_____ EACH NEW REAPPORTIONMENT HAS FRONTAGE EXISTING OF PUBLIC ROAD,
ROAD NAME: _____

_____ A NEW PUBLIC ROAD:
ROAD NAME: _____

F. DESCRIPTIONS AND MAPS:

1) AN ACCURATE LEGAL DESCRIPTION OF EACH NEW PARCEL AND A DESCRIPTION OF ANY REMAINING PARENT PARCEL. (IF ANY)

2) A TENTATIVE SURVEY MUST BE DRAWN TO SCALE TO INCLUDE:

A. AREA _____

B. PROPERTY LINES _____

C. PUBLIC UTILITIES EASEMENTS _____

D. ACCESSIBILITY _____

E. PRIVATE EASEMENT(S) _____

If an easement is included in the reapportionment, a legal description must be attached. The owner must make provision for the registered deed to accurately depict the easement.

F. PARENT PARCEL _____

G. LEGAL DESCRIPTION _____

4. DEVELOPMENT SITE LIMITS (Check each which represents a condition which exists on the parent parcel)

_____ WATERFRONT PROPERTY (RIVER, LAKE, POND, ETC. _____ INCLUDES WETLANDS

_____ IS WITHIN A FLOOD PLAIN _____ INCLUDES A BEACH

_____ IS ON MUCK SOIL OR SOILS KNOWN TO HAVE SEVERE LIMITATIONS FOR ON SITE SEWAGE

5. AFFIDAVIT AND PERMISSION FOR MUNICIPAL, COUNTY AND STATE OFFICIAL TO ENTER THE PROPERTY FOR INSPECTIONS.

I agree the statements made above are true, and if found not to be true this application and any approval will be void. Further, I agree to comply with the conditions and regulations provided with this parent parcel reapportionment. I agree to give permission for officials of the municipality, county and the State of Michigan to enter the property where this parcel reapportionment is proposed for purposes of inspection. Finally, I understand this is only a parcel reapportionment. This does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restrictions or other property rights.

Finally, even if this reapportionment is approved, I understand local ordinances and State Acts change from time to time, and if changed the reapportionments made here must comply with the new requirements (apply for reapportionment again) unless deeds representing the approved reapportionments are recorded with the Register of Deeds within 180 days. or the reapportionment is built upon the changes to the laws made.

SELLER'S SIGNATURE _____ DATE _____

BUYER'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY:

APPLICATION RECEIVED:

SIGNATURE _____ DATE RECEIVED _____

APPROVED/DENIED (circle one)

ASSESSOR SIGNATURE _____ DATE: _____

APPROVED/DENIED (circle one)

ZONING ADMINISTRATOR SIGNATURE _____ DATE _____

APPROVED/DENIED (circle one)

TOWNSHIP BOARD APPROVAL _____ DATE _____

CONDITIONS FOR APPROVAL:

REASONS FOR DENIAL:

UTILITIES RIGHT OF WAY CONTACT INFORMATION

THE DETROIT EDISON COMPANY
MACOMB CENTER
JOYCE DUDEK, ROW FACILITATOR
15600 19 MILE ROAD
CLINTON TWP, MI 48038
PHONE: (586)-412-4760
FAX: (586) 412-3037

SEMCO ENERGY COMPANY
MICHELLE LEVIN
1411 THIRD STREET
PORT HURON, MI 48060
PHONE: (810) 887-3014

THUMB ELECTRIC COOPERATIVE
2231 MAIN STREET
UBLY, MI 48475
PHONE: (989) 658-8571
PHONE: 800-327-0166

AT&T
SUSAN SAMPIER
54 N. MILLS STREET, PO BOX 30
PONTIAC, MI 48342
PHONE: (248) 456-0361
EMAIL: SS4792@ATT.COM