

CITY OF MONTROSE

139 SOUTH SAGINAW STREET
MONTROSE, MI 48457

PHONE (810) 639-6168
FAX (810) 639-6125



Split/Combination Application

This application will not be processed until the Application Process has been signed by both the applicant and Assessor or City Planner Manager.

Name of Applicant:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Are you the owner of record for the property of the proposed split/combination? ____ Yes ____ No

If you answered NO above, please complete the Owner Information below.

Name of Property Owner:

Name: _____ Phone: _____

Address: _____
Street City State Zip

I have contacted my mortgage company regarding the proposed split/combination. ____ Yes ____ No

Property Information for which this split/combination is requested:

A _____
Number Street Parcel ID Number

Legal description: _____

Are there any existing and/or proposed restrictions or covenant's which apply to this parcel? ____ Yes ____ No
If you answered Yes, attach a copy to this application.

B _____
Number Street Parcel ID Number

Legal description: _____

Are there any existing and/or proposed restrictions or covenant's which apply to this parcel? ____ Yes ____ No
If you answered Yes, attach a copy to this application.

Attach additional sheets if there are more than two parcels

Application continued back of page

Proposed legal description of each parcel after split/combination:

1: _____
Number Street Parcel Number (will be assigned at later date)

Legal description: _____

2: _____
Number Street Parcel Number (will be assigned at later date)

Legal description: _____

Reason for Split/Combination:

Required documents:

Review entire information packet, completing the checklists and including attachments as required.

I, the undersigned hereby certify that the information is correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

City of Montrose

139 South Saginaw Street
Montrose, MI 48457
TEL 810-639-6168

INFORMATION PACKET, CHECKLIST AND APPLICATION FOR A SPLIT AND/OR COMBINATION

All applications for land division or combination in the City of Montrose must be in compliance with the City of Montrose Code of Ordinances and the Land Division Act, P.A. 288 of 1967 as amended by P.A. 591 of 1996 and P.A. 87 of 1997 and P.A. 23 of 2019.

Name of Applicant: _____ Date: _____

APPLICATION PROCESS:

1. Review the Parcel Checklist
 - a. Proposed split/combination meets the requirements. _____ YES _____ NOApplicants signature: _____
City Official signature: _____
2. Present the original or copy of the certificate from Genesee County Treasurer showing that all property taxes and special Assessments on parcel(s) in the proposed split/combination have been paid for the five years preceding the date of the application. (see sample document) _____ YES _____ NO
3. Leans on property, building permits and water bills have been paid. _____ YES _____ NO
4. Pay a non-refundable fee of \$45 to the City of Montrose for the first two legal descriptions and \$20 for each additional legal description. _____ YES _____ NO
5. Completed the Application Submittal Requirements check list with appropriate attachments. _____ YES _____ NO
6. Assessor and Clerk will act on the application in the following manner:
 - a. Approve unconditionally
 - b. Approve with conditions
 - c. Denial and provide reasons
7. Assessor will forward application to Genesee County Equalization for action.
8. If the original parcel had a Principal Residence Exemption (PRE) Michigan Law requires that the homeowner must complete a new PRE Affidavit for the newly created parcels if they continue to meet the PRE Guidelines. (Included with application packet)

PARCEL CHECKLIST:

1. How is the land zoned?
_____ Single Family Residential _____ Multiple Family Residential _____ Mobile Home Park
_____ Business/Commercial _____ Industrial
2. Does the existing lot meet the size requirements for the zoning? _____ YES _____ NO
3. Will the resulting lots meet the size requirements for zoning? _____ YES _____ NO
4. Is each resulting parcel in compliance with width/depth requirements? _____ YES _____ NO
5. Does each parcel have the minimum frontage required? _____ YES _____ NO
6. Is this split for developmental purposes? _____ YES _____ NO
If the answer to question 6 is yes, please answer questions 7 thru 9
If the answer above is no skip to Application Submittal Requirements
7. Minimum square feet required for dwelling _____
See Montrose Part II-Appendix A-Article3-Section 3.6 & 3.7
8. Is each parcel in compliance with the width/depth requirements? _____ YES _____ NO

9. Will the buildings on each parcel meet the required setbacks?
See Montrose Part II-Appendix A-Article3-Section 3.6

___ YES ___ NO

APPLICATION SUBMITTAL REQUIREMENTS:

1. Form filled out completely and correctly.

___ YES ___ NO

2. Maps of existing and resulting parcels attached

___ YES ___ NO

a. Drawn accurately and to scale

i. Showing existing structures

ii. A legend showing north arrow, scale and
symbols guiding readers.

3. Legal Description of lots being created attached

___ YES ___ NO

PRINT Name of Applicant

SIGNATURE of Applicant

Date

PRINT Name of Owner

SIGNATURE of Owner

Date

FOR OFFICE USE ONLY:

Date received: _____ Checked by: _____ Fee Collected: _____

Planning Manager Action:

_____ Approve unconditionally

_____ Approve with conditions

_____ Denied

Assessor Action:

_____ Approve unconditionally

_____ Approve with conditions

_____ Denied



GENESEE COUNTY TREASURER
DEBORAH L. CHERRY
1101 BEACH STREET
FLINT MI 48502-1475
HOURS M-F 8:00-4:30
(810) 257-3054

Land Division Act 288 of 1967, MCL 560.109(1)(i) Certification

TAX YEAR	TAX. VALUE	BASE TAX	BASE TAX DUE	INTEREST/FEES DUE	TOTAL DUE	LAST PMT
2018	2,832	707.50	0.00	0.00	0.00	
2017	2,774	247.90	0.00	0.00	0.00	
2016	2,750	233.95	0.00	0.00	0.00	09/12/16
2015	24,300	1,866.03	0.00	0.00	0.00	12/22/15
2014	24,200	1,829.77	0.00	0.00	0.00	12/26/14
2013	24,500	1,792.91	0.00	0.00	0.00	12/27/13
2012	24,300	1,286.63	0.00	0.00	0.00	12/19/12
2011	24,500	1,293.70	0.00	0.00	0.00	12/16/11
TOTAL			0.00	0.00	0.00	

Property Number: 60-1

Property Address:

MONTROSE

Unit: CITY OF MONTROSE

Owner Name:

Taxpayer Name:

DESCRIPTION OF PROPERTY

SAMPLE
Certificate from Genesee
County Treasurer

PRE Denial Amt:

0.00

I hereby certify, based upon the records in my office, that there are no tax liens, delinquent taxes, or special assessments against the above description for the 5 years preceding the date of this instrument. This certification does not include taxes, if any, now in the process of collection by the City, Village, or Township Treasurer.

Requested by

Prepared by *UKS*

As Of: 01/27/20

scan

CR

ASSESSOR'S DATE STAMP

Principal Residence Exemption (PRE) Affidavit

Issued under authority of Public Act 206 of 1893.

Read the instructions before completing the form. This form is not valid unless certified by the assessor. Do not submit this form if the property is not your principal residence and/or any of the disqualifying factors apply as listed in MCL 211.7(cc). For information regarding the PRE, please review the PRE Guidelines at www.michigan.gov/pre.

Type or print in blue or black ink.

PART 1: PROPERTY INFORMATION Type or print legibly. Use a separate form for each property tax identification number.

1. Property Tax Identification Number	2. Name of Local Unit (Check Township or City) <input type="checkbox"/> Township <input type="checkbox"/> City	3. County
4. Street Address of Property (Provide a Complete Address)		
5. Name of Owner (First, Middle, Last)	6. Owner's Last Four Digits of Social Security Number XXX-XX-	7. Owner's Daytime Telephone Number
8. Name of Co-Owner (First, Middle, Last)	9. Co-Owner's Last Four Digits of Social Security Number XXX-XX-	10. Co-Owner's Daytime Telephone Number
11. Date you owned and occupied the property in line 1 11. _____ The property in line 1 above is my: 11a. <input type="checkbox"/> Principal residence Month Day Year 11b. <input type="checkbox"/> Unoccupied adjoining or contiguous property that is classified residential or timber-cutover.		
12. List the percentage (100% to 1%) of the property that is occupied by the owner claiming the property as a principal residence. If the property has more than one home on it, it is a multi-dwelling, used for purposes other than a principal residence, or partially rented, the owner may claim only a partial exemption. Please consult with your local assessor to determine the percentage of the exemption the owner is allowed to claim in these situations..... 12. _____ %		
13. Have you or your spouse claimed a principal residence exemption for another Michigan principal residence? 13. <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. If yes to 13, enter the property address and parcel number: _____		
15. If yes to 13, have you rescinded that principal residence exemption? 15. <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Do you or your spouse claim a similar exemption, credit or deduction on property located in another state?..... 16. <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. If yes to 16, enter the property address and parcel number: _____		
18. Have you or your spouse filed a tax return as a non-resident of Michigan or resident of another state? 18. <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. If yes to 18, enter the state: _____		

PART 2: CERTIFICATION

Certification: I certify under penalty of perjury that I own and occupy as a principal residence on the date stated in Line 11 and that I have not claimed a substantially similar exemption/deduction/credit in property in another state, and that the information contained on this document is true and correct to the best of my knowledge.

20. Owner's Signature	Date
21. Co-Owner's Signature	Date
22. Mailing Address, if Different than Property Address Above	

LOCAL GOVERNMENT USE ONLY (do not write below this line)

23. Indicate property classification 23. _____	
Did the Assessor Approve or Deny the Affidavit? <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach a copy of the Local Unit Denial)	What is the year the Affidavit will be posted to the tax roll?

Certification: I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.

Assessor's Signature	Date Certified by Assessor (MM/DD/YYYY)
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