

GRAND TRAVERSE COUNTY ROAD COMMISSION

1881 LaFranier Road, Traverse City, MI 49686

231.922.4848 – Phone /231.929.1836 – Fax

Land Division Review Application

Date: _____

Application No: LD _____

Owner Information

Owner's Name: _____

Owner's Address: _____

Phone No: _____ Fax No: _____ Email: _____

Owner's Signature: _____

Applicant/Authorized Agent Information Check if same as above _____

Applicant's Name: _____

Applicant's Address: _____

Phone No: _____ Fax No: _____ Email: _____

Applicant/Authorized Agent Signature: _____

Property Information

Parent Parcel Identification Number: 28-_____

Township Name: _____ Section: _____ Township: _____ Range: _____

Public Road Name: _____ Private Road Name: _____

Number of Proposed Divisions: _____ Number of Divisions Available: _____

The following items must be supplied for the application to be considered complete for review:

(All items must be checked and initialed prior to acceptance of application)

- ☐ _____ Complete Application Form.
- ☐ _____ Payment of Land Division Review Application fee (\$50 for first division + \$30.00 for each additional parcel (minimum \$80.00).
- ☐ _____ Certificate of Survey prepared by a Professional Surveyor (including legal descriptions).
- ☐ _____ Copy of deed (or other document recorded in the GTC Register of Deeds proving ownership of parcel being divided). NOTE: GTC EQUALIZATION PARCEL SHEETS ARE NOT ACCEPTABLE AS PROOF OF OWNERSHIP
- ☐ _____ Field staking of proposed land division corners (proposed front/roadside parcel corners only) and preferred driveway location. (Show driveway location on sketch.)
- ☐ _____ Sight distance shall be indicated as distance from center of driveway on above mentioned sketch.

PLEASE NOTE

For sight distance requirements see the Grand Traverse County Road Commission Right of Way Permitting and Public Road Standards, Rules, Specifications and Guidelines.

Upon completion of the Land Division Application review, the GTCRC will mail a letter of recommendation to the applicable Township Assessor.

OFFICE USE ONLY

Payment Type: Credit Card: _____ Cash: _____ Check: _____

Receipt: _____ Date: _____