



Lot Split, Lot Combination, and Lot Reconfiguration Application

Submit Applications to City Hall

Street Address: 114 North Kidd Street Ionia, MI 48846

Mailing Address: P.O. Box 496 Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Permit Fee: See Below

Type of Application (Check one):

- | | |
|---|---|
| <input type="checkbox"/> Lot Division/Lot Split | \$75 Application Fee + \$15 Per Resulting Lot |
| <input type="checkbox"/> Lot Combination | \$75 Application Fee |
| <input type="checkbox"/> Lot Line Relocation | \$75 Application Fee |

Contact Information

Applicant's Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Owner's Name (If Different): _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Lot Split

1. Address or Location of Parcel/Property: _____

2. Permanent Parcel Number: 34- _____

3. Parcel Size: _____

4. Has this parcel been split before? Yes No

If yes, how many times? _____

5. Number of New Parcels: _____

6. Each resulting parcel must be buildable and have access to a public street. Check how this access is being provided:

Each new parcel has frontage on an existing road

- Each new parcel will have access to a new road
- Each new parcel will access a private road that leads to a public road
- Each new parcel will access a public road via a recorded easement

7. Source or Water and Sewer: _____

Lot Combination (Combining 2+ Lots)

1. Address or Location of Parcels/Properties: _____
2. Permanent Parcel Numbers: 34- _____
 34- _____
 34- _____
 34- _____
3. Current Zoning of Parcels (If different between parcels, please specify): _____

4. Rationale Behind Desire to Combine the Lots: _____

Lot Reconfiguration (Relocation of Lot Lines for 2+ Parcels)

1. Address or Location of Parcels/Properties: _____
2. Permanent Parcel Numbers: 34- _____
 34- _____
 34- _____
 34- _____
3. Current Zoning of Parcels (If different between parcels, please specify): _____

4. Rationale Behind Desire to Reconfigure the Size/Boundaries of the Lots: _____

Attachments

All applications must include the following:

1. Application fee
2. Proof of ownership interest in the parcel(s) proposed to be reviewed (i.e. deed).

3. In the case of lot splits, a land title search or abstract of title or other evidence that shows that the parent parcel was lawfully in existence for a period of at least 10 years prior to the date of the split application.
4. A tentative parcel map drawn to scale and including the following information:
 - a. Date, north arrow, scale and name of the person or firm responsible for the preparation of the tentative parcel map.
 - b. Proposed boundary lines and the dimension of each parcel.
 - c. An accurate parcel map and legal description of each resulting parcel.
 - d. In the case of a lot split, a drawing or written description of all previous land divisions from the same parent parcel, identifying the number, area and date of each division.
 - e. The location, dimensions and nature of proposed ingress or egress from any existing public or private street. If easements are proposed to be used, draft copies of the easements shall be provided for review.
 - f. The location of all public utility easements (if any) serving the parcel.
 - g. The location of any existing structures and other site improvements along with the setbacks of existing buildings and structures.
 - h. In the case of a lot reconfiguration, the drawing shall contain an illustration of the current lot configuration along with the proposed new configuration.
 - i. Proof from the City Treasurer that all taxes and special assessments have been paid for the preceding 5 years.

Signature

The undersigned attests that the information contained in this application, along with other submittals, is, to the best of his or her knowledge, true and accurate. The undersigned acknowledges that if a lot split, lot line reconfiguration or lot combination is granted or other decisions favorable to the undersigned are rendered, said decision does not relieve the applicant from complying with all other provisions of the City Code.

The undersigned also grants permission for members of the City of Ionia staff, Planning Commission and/or City Council to enter the above described property (or as described in any attachment) for the purposes of gathering information related to this application, request or proposal.

Applicant's Signature: _____ Date: _____

Process

Review

Lot Splits involving 4 or less lots, Lot Combinations and Lot Reconfigurations are handled administratively by review of the City Community Development Director and City Assessor. Lots Splits involving more than 4 lots require review by the City's Planning Commission.

Approval or disapproval of any request shall be made within 45 days after the complete filing of the application. Upon acting on the request, written notice of approval, approval with conditions or disapproval shall be provided.

Appeal

Any applicant aggrieved by any decision under this procedure may file a written appeal of the decision to the City Council within 30 days of the decision.

Not Subject to Review

Divisions involving the creation of a plat as regulated by the City’s subdivision ordinance, property developed per the Michigan Condominium Act (PA 59 of 1978, as amended) and mobile home parks developed in accordance with the City’s mobile home park district regulations are exempt from the process created by Chapter 1210 of the City Code.

Duration of Approval

A decision approving a land division only is effective for 90 days, unless all of the following is completed during the 90-day period:

- a. Appropriate deeds are recorded with the Ionia County Register of Deeds.
- b. A survey showing resulting parcels/combination/reconfiguration is recorded with the Ionia County Register of Deeds, with copies provided to the City Assessor.
- c. Property corners and survey markers denoting the new parcel(s) are physically placed.

NOTE: Failure to complete these actions within 90 days will result in the revocation of approval.

| | |
|---|-----------------------------|
| OFFICE USE ONLY | Date Received: _____ |
| ___ Fees Paid: _____ | |
| ___ Administrative Request or ___ Planning Commission Request | |
| If Planning Commission request, what was the date of the meeting? _____ | |
| ___ Approved ___ Disapproved | |
| ___ Approved with Conditions | |
| Conditions: _____ | |
| Comments: _____ | |
| _____ | |
| Copies To: _____ | |
| Signature: _____ Date: _____ | |