

**LAND DIVISION APPLICATION**

Parent Parcel Number: 09-010-\_\_\_\_\_

**PLEASE PRINT**

**Date submitted:** \_\_\_\_\_

NOTIFICATION OF APPLICATION RESULTS SHOULD BE MAILED TO:

\_\_\_\_\_ PROPERTY OWNER or \_\_\_\_\_ APPLICANT

PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

APPLICANT INFORMATION (IF NOT OWNER):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

DIVISION AVAILABILITY INFORMATION:

Total number of divisions available for this parent parcel. \_\_\_\_\_

Total number of divisions resulting from this application: \_\_\_\_\_

Are any division rights being transferred to a new parcel: \_\_\_\_\_

If yes: Which parcels and number of divisions transferred.

\_\_\_\_\_ # \_\_\_\_\_ Requires a state form L-4260 A

\_\_\_\_\_ # \_\_\_\_\_ Requires a state form L-4260 A

ACCESS INFORMATION:

Pick one: \_\_\_\_\_ Each new parcel has frontage on an existing public road.

\_\_\_\_\_ Each new parcel has frontage on an existing private road.

\_\_\_\_\_ Each new parcel has frontage on an existing recorded\* easement.

\*Liber and Page: \_\_\_\_\_

Each new parcel will have frontage on:

\_\_\_\_\_ A new public road – proposed road name: \_\_\_\_\_

\_\_\_\_\_ A new private road – proposed road name: \_\_\_\_\_

\_\_\_\_\_ A new recorded private easement: Recorded Liber and Page: \_\_\_\_\_

Attachments to application (application is not complete unless all attachments are included).

A survey, sealed by a professional surveyor, at a scale of 1" = 100' of the proposed divisions.

OR

A Map/drawing of proposed divisions drawn to a scale of 1" = 100'

The survey or map must show:

1. Current boundaries (as of March 31, 1997) of parent parcel.
2. Any divisions made after March 31, 1997 (include dates)
3. Proposed divisions (new parcel boundaries) with dimensions.
4. Any existing and/or proposed easements and/or right of ways.
5. Any existing improvements (building, wells, septic systems, driveways, underground storage tanks, etc.)

Proposed legal descriptions of parent parcel and of any division/s.

Proof of fee ownership of the land proposed to be divided (copy of deed).

Proof of payment for property taxes and special assessments if applicable.

Affidavit and permission for township officials 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 division. Further, I agree to give permission for Township officials to enter this property for purposes of inspection to verify compliance with township ordinances at a mutually agreeable time. I understand this is only a parcel division which conveys only certain rights under the Bangor Township Land Division ordinance, Zoning ordinance, and the State Land Division Act and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Finally even if this division is approved, I understand zoning, local ordinances and State Acts change and if changed the divisions made here must comply with the new laws unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to the laws are made.

I agree to register with the County all approved divisions within 90 days or approval will be void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Owner

**DO NOT WRITE IN THE FOLLOWING BOXES.**

Treasurer's office: Are there any unpaid special assessments or outstanding property taxes for the parent parcel? (initial) \_\_\_\_\_ no \_\_\_\_\_ Date returned to Zoning Adm. \_\_\_\_\_  
 yes

**Township office only:**

**Date all materials received** \_\_\_\_\_

\_\_\_\_\_ APPROVED : Conditions if any: see attached

\_\_\_\_\_ DENIED: Reason- see attached.

\$ \_\_\_\_\_ FEE RECEIVED: \_\_\_ cash or \_\_\_\_\_ check #

\_\_\_\_\_  
 Signature of Zoning Administrator date

Assessing office review for allowable divisions.

Date request received: \_\_\_\_\_

Requested divisions allowed:

(initial) \_\_\_\_\_  
 yes no

Date returned to Zoning Administrator: \_\_\_\_\_