FOR OFFICE USE ONLY		
GIS□ ASG□ MAP□		
DEED (if applicable□		
ACKNOWLEGEMENT (if applicable)		

Land Redescription Application

Answer all questions and include all attachments or the application will be returned unprocessed. A \$100.00 application fee is required with your request. Make checks payable to Oshtemo Township. Only properties that are adjacent can be redescribed.

1. Applicant Information (if other than property owner)				
Name(s)	Phone()		
Address				
2. Location of parcels to be redescribed:				
ID #3905				
Name(s)	Phone()		
Property Address				
Mailing Address				
ID #3905				
Name(s)	Phone()		
Property Address				
Mailing Address				

Legal Descriptions of existing parcels (attach additional sheet(s) if necessary)
3. Proposal – Describe the changes being proposed:
Proposed parcels arebuildable ornon-buildable status The intended use (residential, commercial, etc.)
4. Developmental Site Limits – Check each that represents a condition which exists on any part of the parcels and indicate which parcel:
existing buildingswell.
septicExisting easements
5. Attachments – All attachments must be included. Letter each as shown here:
A. A legal description for each proposed parcel (label each new parcel to correspond with survey).
A legal description for any proposed access, easement or shared driveway.
B. A survey, sealed by a professional surveyor at a scale of 100', 200' or 400' per 1", of proposed parcel (label each new parcel to correspond with legal descriptions). OR
A map/drawing drawn to scale of 100', 200' or 400' per 1", of each parcel (label new parcels to correspond with legal descriptions). Submitting a map/drawing of proposed changes and the 30 day limit is waived.
Signature of owner or agent
The survey or map/drawing must include all of the following: a. current boundaries with dimensions b. dimensions of the proposed changes with dimensions c. existing and proposed road/easement right of way, shared driveway d. any existing improvementsbuildings, wells, septic systems, driveways, any setbacks from proposed property lines.
C. A copy of any transfer document which may be a Warranty Deed or Land Contract to be executed at time of closing.

6. Affidavit and permission for Oshtemo Township, Kalamazoo County and State of Michigan 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 parcel redescription. Finally, I understand this is only a redescription which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 et. Seq.), and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 et. Seq.), 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 if this redescription is approved representing the approved redescription shall applicant, or any approval will be void.	, I understand Deeds, or Land Contracts be recorded with Register of Deeds by the	
Property Owner(s) Signature or his/her agent	Date	
Property Owner(s) Signature or his/her agent	Date	
Approval from the Health Department for on-srequired (by statute) for parcels larger than one to a building permit being issued.	1 •	
This form is designed to comply with applicab and Sec. 109 of the Michigan Land Division A P.A. 288 of 1967, as amended [particularly by	ct (formally the subdivision control act.	
Office Use Only		
Parcel ID # 3905	Application/#_R	
Parcel ID # 3905		
Parcel ID # 3905-		

Planning/Zoning Official Approval		
Approved – Conditions if any		
Denied – Reasons		
Signature(s)/Title(s)	Date	

201 W Kalamazoo Ave Rm 104, Kalamazoo, MI 49007 | 269-384-8124 | treasurer@kalcounty.com

Land Division Tax Payment Certification Form

Name: Phone:				
Owner Address:				
Owner City, State, Zip:				
Property Address:				
Property City, State, Zip:				
Parcel ID Number:				
All applications must include	:			
(1) The surveyed legal description of the parcel to be divided(2) \$5 certification fee (made payable to the Kalamazoo County Treasurer)(3) A self-addressed, stamped envelope				
PLEASE DO NOT WRITE BELOW THIS LINE:				
Reviewer's Actions				
[] Certification Denied				
Denial explanation:				
[] Certification Approved				
I certify that, as to the lands herein described, all property taxes and special County Treasurer for collection on the parcel or tract subject to the propose the date of the application have been paid except that if checked below:				
County Treasurer for collection on the parcel or tract subject to the propos	ed division for the 5 years preceding			