

**PUTNAM TOWNSHIP**  
Pinckney, Michigan

**LAND DIVISION APPLICATION**

1.

\_\_\_\_\_

Applicant Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone/Fax (work)

\_\_\_\_\_

Phone/Fax (home)

Interest in property (circle one):    Owner        Tenant        Other

2. Property Owner Information: (If different than applicant)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Parent Parcel Information

Address \_\_\_\_\_

Parent Tax Code Number \_\_\_\_\_

Legal description of parent parcel \_\_\_\_\_

Size of parcel \_\_\_\_\_

Zoning of Parent Parcel \_\_\_\_\_

7. If the resulting parcel from a division is less than one (1) acre in size, then provide documentation that each proposed parcel has the following:

a. Public water or county health department approval for the suitability of an on-site water supply

b. Public sewers or county health department approval for an on-site sewage disposal system.

8. Affidavit by Applicant

The Applicant agrees that the statements made in this document are true and if found not to be true, the application and any approval will be void.

Further, the Applicant agrees to comply with the conditions and regulations provided under the State Land Division Act and the Putnam Township Land Division Ordinance.

I further understand that if Putnam Township approves the proposed division resulting in a parcel less than one (1) acre in size and a land use permit or building permit is not issued for that parcel, Putnam Township and its officers and employees will have no liability.

I further understand that the approval of the land division is not a determination that the resulting parcels comply with the Putnam Township Zoning Ordinance, or general ordinances, and that the resulting parcels must comply with the Putnam Township Zoning Ordinance and all applicable general ordinances before any land use permit, special use permit, or other permits will be issued by the Township to utilize said property.

Dated \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature

Fee \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

9. Township Approval/Disapproval

a. Putnam Township approves the divisions as proposed by the Applicant

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Reasons for denial

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTICE TO APPLICANT**

**The approval of this division is not a determination that the resulting parcel complies with the Putnam Township Zoning Ordinance or other general township ordinances. The Township and the officials and employees shall not be liable for approving a land division if a land use permit and/or building permits for construction on a parcel are subsequently denied because of inadequate water supply, sewage disposal facility, failure to meet Township zoning ordinances and general ordinances, or otherwise.**

**Putnam Township and its officers and employees are not liable if a land use permit and/or building permit are not issued for a resulting parcel because the parcel is less than one (1) acre in size, lacks either public water and sewers or health department approval for on-site water supply and on-site sewage disposal.**

## PUTNAM TOWNSHIP

### PROCEDURE FOR LAND DIVISION

1. Contact Assessor to determine whether:
  - A. Land Divisions are available on your parcel.
  - B. Property owner has the land division rights.
  - C. The property conforms to Putnam Township Zoning (assessor will verify Zoning and Future Land use with Zoning Administrator/Supervisor)
2. If the answers to # 1 are yes then complete a land division application. Applicant shall submit a scale drawing with dimensions of proposed parcels, all buildings and improvements including setbacks.
3. Applicant to apply for Sight Distance Review from Livingston County Road Commission
4. Return completed application, sight distance approval, proof that all taxes are paid along with applicable fees to Putnam Township Clerk. The fees are:

1st division \$50.00 and \$20.00 for every division there after.
5. Township Clerk verifies that the application is complete and all requirements are included.
6. Township Clerk posts meeting. Meetings are the Second and Fourth Tuesday as needed. Applications must be received one week prior to the meeting.
7. Land Division committee meets.
8. Assessor notifies owner of decision within 45days.
9. If land division was approved property owner submits survey and all required information to assessor for new parcel numbers.

Amy Pashby  
Putnam Township Assessor  
PO Box 46  
Pinckney, MI 48169  
(734) 878-3131

**Board of County Road Commissioners  
Livingston County, Michigan  
Application for Sight Distance / Land Split Review**

Township: \_\_\_\_\_ Section No.: \_\_\_\_\_

Name of Development (if applicable): \_\_\_\_\_

Roadway On: \_\_\_\_\_ Side of Road: North South East West

Crossroad Reference: \_\_\_\_\_ feet mile N S E W of \_\_\_\_\_  
 (Distance) (Direction) (Nearest Crossroad)

Indicate type of proposed approach: Residential Commercial Private Road Public Road

If land split, indicate Parcel Number(s) to review: \_\_\_\_\_

Comments: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**Applicant Requirements**

- Survey sketch is required. Parcel split information shall be provided on the survey sketch.
- Existing and proposed property corners shall be clearly staked (preferably 4-foot high narrow wood stakes) along the road frontage. If the applicant wishes that a particular driveway location be reviewed, a stake for that location must also be placed. The applicant's name and corresponding parcel number or driveway information should be provided on each stake.

Please indicate the date that stakes will be placed along the road frontage: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Is the applicant the property owner? Yes No

(If no, print name, company and phone number of applicant)

4. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*LCRC Use Only*

Application Fees = \$ 30.00	Payment #1	Payment #2
Additional Fees	____/____/____ Date Received	____/____/____ Date Received
Inspection(s) = ____ @ \$15.00 = \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
Total Additional Fees = \$ _____	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Check No. _____
Total Fees = \$ _____	____ \$ _____ Receipt No. Amount	____ \$ _____ Receipt No. Amount

Application Fees include application, initial field inspection, field report.  
 Additional Fees may be required if inspection services exceed the scope of services associated with Application Fees.

Review No. \_\_\_\_\_  
Township \_\_\_\_\_  
Property Owner \_\_\_\_\_

# LCRC Sight Distance / Land Split Inspection Form – For LCRC Use Only

Is survey sketch attached? Yes  No  N/A   
 Are property corners staked?      
 Is approach staked?        
 Is speed limit posted?          
 Are there factors affecting road speed?

If yes, indicate speed limit: \_\_\_\_\_ mph  
 If yes, describe: \_\_\_\_\_

Existing property corners \_\_\_\_\_ ft and \_\_\_\_\_ ft  N  S  E  W of \_\_\_\_\_ Road

Parcel No.	Proposed Property Corners	Access Point(s)	Sight Distance		Sight Distance Measured	S.D.		C.V. Consent		Approve		
			Std.	Min.		Y	N	Y	N		Required	Y
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____ N-S-E-W	_____ N-S-E-W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_