## ~This area is for Planning & Zoning Office use only~ CONTROL# LAND DIVISION REVIEW PERMIT NOTE: ALL LAND DIVISION APPLICATIONS MAXIMUM Barry County Planning Office **REVIEW OF 45 DAYS** 220 W State St. Hastings MI 49058 RECEIPT# (269) 945-1290 (269) 948-4820 FAX FEE \$\_\_\_\_\_ Date Submitted: \_\_\_\_\_ Total Parent Parcel Acreage:\_\_\_\_\_ Number of Proposed Parcels:\_\_\_\_\_ Maximum Number of Splits Allowed:\_\_\_\_ Zoning District:\_\_\_\_\_ Minimum Lot Width (exclusive of right-of-ways & easements): Minimum Lot Size (exclusive of right-of-ways & easements): Township: Section: Permanent Parcel#:\_\_\_\_\_ APPLICANT START HERE (Note: The original application must be submitted & in ink) Name of Applicant(s) Name of Property Owner(s) Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Phone Numbers (Home & Work) Phone Numbers (Home & Work) SITE ADDRESS: INFORMATION NEEDED: 01) Survey and legal descriptions provided for each division: Yes\_\_\_\_ 02) Does the survey or site plan include: Yes\_\_\_\_ a) Location of the road or easement right-of-way (width and length of easement or private road) b) Existing lot size and any existing building(s) on the lot c) Proposed lot splits and the size of each split with dimensions d) The location of any creek, stream, brook, river, lake, wetland, county drain, or floodplain Driveway Permit issued and approved for each parcel from the Existing \_\_\_\_ Yes\_\_\_\_ 03) No State Highway or County Road Commission: Health Department Site Evaluation submitted for each division: Yes\_\_\_\_ No\_\_\_\_ 04)Private Road Permit issued and named \_\_\_\_\_ 05) 06) Off State Highway or County Road APPROVAL OF ANY LAND DIVISION IS CONDITIONAL ON THE ACCURACY OF THE INFORMATION PROVIDED BY THE APPLICANT. FALSE OR INACCURATE INFORMATION OR DEVIATION FROM THE APPROVED LAND DIVISION MAKES APPROVAL OF THE APPLICATION NULL AND VOID. ALL DEEDS AND SURVEYS MUST BE RECORDED WITHIN SIX (6) MONTHS OF DATED APPROVAL OR THIS LAND DIVISION PERMIT BECOMES VOID The attached legal description(s) was created for or made by me and is an accurate representation of the proposed development for which I am applying for a permit: Signature of Applicant / Agent / Property Owner Date Date of Approval/Denial: Article: (circle one) If denied, not in compliance with the following provision(s) of State Law or the local ordinance: Zoning Administrator: Local Designated Official: