A RECOGNIZED BICENTENNIAL COMMUNITY
17431 112th Ave. P.O. Box 186 Nunica, MI 49448
Phone: (616) 837-6868 Fax: (616) 837-7838
www.crockerytownship.gov

CROCKERY TOWNSHIP LAND TRANSFER APPLICATION

Bring or mail this application to: *Crockery Township Zoning Administrator*
Approval of a Land Transfer is required before it is sold.
This form is designed to comply with applicable local zoning ordinances and § 108 & 109 of the Michigan Land Division Act (formerly the subdivision control act), P.A. 288 of 1967, as amended.

Where you want this form sent, when the review is completed.

Name: _____
Address: _____
City, State, Zip: _____

CURRENT PROPERTY OWNER:
Name _____
Address _____
City, State, Zip _____
Telephone (____) _____

NEW PROPERTY OWNER:
Name _____
Address _____
City, State, Zip _____
Telephone (____) _____

PARCEL INFORMATION:

Land is being transferred from:
Address or road name _____
Parcel # _____

Land is being transferred to:
Address or road name _____
Parcel # _____

Legal descriptions of both Parcels: (Attach extra sheets if needed) _____

ATTACHMENTS: (All attachments must be included). Check each of the attachments shown below.

A. 1. _____ A survey sealed by a professional surveyor with *adequate and accurate legal descriptions.*

2. _____ Instead of a survey by a professional surveyor an individual may submit: *Adequate and accurate legal descriptions,* and a map, *drawn to scale,* showing the dimensions of the parcels.

Whether the applicant chooses (1) or (2) above; the drawing *must include* the following information:

a. Current boundaries and legal descriptions.
b. The legal description of that portion of the property being proposed for transfer.
c. Existing or proposed road/easement right-of-way(s).
d. Easements for public utilities.
e. Any existing improvements (buildings, wells, septic system, driveways, etc.) on both parcels.
f. The legal description of each resulting parcel.

B. _____ A fee of $100.00.
C. _____ Ottawa County Treasurer certification stamp on the survey
D. _____ Other (please list) _____

AFFIDAVIT AND PERMISSION: for township, county and state 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 give permission for officials of the municipality, county and the State of Michigan to enter the property where this transfer is proposed for the purposed of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. Finally, I understand this is only a transfer of property which conveys only certain rights under the applicable local land division ordinance, the Crockery Township Zoning Ordinance and the Michigan Land Division Act (formerly the Subdivision Control Act), P.A. 288 of 1967, as amended and does not include any representation of conveyance of rights in any other statue, building code, zoning ordinance, deed restriction or other property rights. Even if this Land Transfer is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed the resulting parcels made here must comply with the new requirements.

Finally, I understand that approval of this Land Transfer does not indicate conformance with the Crockery Township Zoning Ordinance and that the Township or any Township official cannot be held liable for failure to grant a building permit.

I understand and agree that any resulting parcel shall not be considered a building site unless the parcel conforms to the requirements of the Land Division Act or the requirements of an applicable local ordinance and is not a division of land.

_____ _____
Property Owner's Signature **Date**

_____ _____
Property Owner's Signature **Date**

DO NOT WRITE BELOW THIS LINE

REVIEWERS ACTION:

Fee Paid_____ **Receipt #** _____

_____ **Approved: Conditions if any:** _____

_____ **Denied: Reason:** _____

_____ **Conforms to all Crockery Township Ordinances**

_____ _____
Signature of Zoning Administrator ***Date***

_____ _____
Signature of Assessor ***Date***