

315 BRIDGE STREET
P.O. BOX 398
ELK RAPIDS, MI 49629-0398



VILLAGE OF ELK RAPIDS
PHONE: 231-264-9274
FAX: 231-264-6337

PARCEL SPLIT, COMBINATION, OR LOT LINE ADJUSTMENT REQUEST

FILE #

Parcel Split and/or Combination Requirements

Any split or combination of a Parcel within the Village of Elk Rapids, even if the Parcel contains platted lots, requires review and approval of the Planning and Zoning Administrator. Requests are reviewed for compliance with the Village of Elk Rapids Zoning Code. If a request meets all of the requirements of the Zoning Code, it will be forwarded to the Antrim County Equalization Department to finalize the request. If the Parcel involves a principal residence or homestead, it is the responsibility of the applicant to contact the Village Assessor to update their Homestead Exemption.

Requests for Parcel Splits must include the **fee of \$200.00 for the first split and \$100.00 for each additional split.** Requests for Parcel Combination or Lot Line Adjustment must include the **fee of \$50.00.** Incomplete requests will be returned to the applicant. **It is the owner's responsibility to verify that there are no issues/obligations to the request by any persons, firms, or corporations having a legal or equitable interest in the land. The Village of Elk Rapids does not conduct a title search for the property.**

Property Information

Address: Parcel #

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Is property located in a TIFA District? Yes No

Applicant Information

Name of Owner:

Address:

Phone #:

E-mail:

Description of Request

Parcel Split

Parcel Combination

Lot Line Adjustment

OTHER

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Support Documentation Required with Application Submittal

Certified Boundary Survey and Property Description

Receipt for Current Property Taxes

Application Fee

Letter of Authorization if Applicant is not Owner of Subject Parcel(s)

Affidavit

The undersigned affirms that he/she is the _____ (Owner, Agent, Lessee) making this application and that the foregoing answers, statements, and information are in all respects true, and, to the best of his/her knowledge, correct. By making this application, the undersigned grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as required and appropriate to assess site conditions in support of a determination as to Zoning Code compliance.

Signature of Property Owner:

Date:

Signature of Applicant:

Date:

NOTE: Approval of this application is contingent upon the new Parcel survey and property description, if required, being recorded at the office of the Antrim County Register of Deeds and a copy of the recorded documents is provided to the Planning and Zoning Administrator.

FOR OFFICIAL USE ONLY

FILE NUMBER: _____

FEE TENDERED: \$ _____

CASH CHECK # _____

APPLICATION APPROVED

APPLICATION DENIED

AUTHORIZED SIGNATURE:

DATE:

Planning and Zoning Administrator

DATE:

Assessor, Elk Rapids Township