

APPLICATION FOR LAND DIVISION

Village of Middleville, PO BOX 69, 100 E. Main St., Middleville, MI 49333 Application #: _____ **Contact: Planning and Zoning Administrator** Date: ____ Phone: 269-795-3385 Fee: _____ Fax: 269-795-8889 Email: info@villageofmiddleville.org Name of applicant(s): Address: Phone number: Email address: Name of owner(s): Address: _____ Phone number: Email address: **APPLICANT TO PROVIDE:** 1. Sketch showing existing parent parcel and desired splits (8 ½ x 11) 2. Evidence of ownership 3. Sanitary sewer and water supply for each parcel created 4. Driveway permit (Village of MDOT) for each parcel created All correspondence regarding this application will be directed to Applicant, as agent for Owner, unless stated otherwise here: Applicant's signature Owner's signature Date Date Agent for all owners Parcel proposed for division: P.P #08-41-____-Total acres: Verification that taxes has been paid, Township Treasurer: _____ Tentative approval □ Date: _____ Now staked surveys and legal description are required. Date: _____ Final approval □ Now apply for private road permit, if required. Application denied □ Date: Not in compliance with the following provisions of the zoning ordinance:

Zoning Administrator