



APPLICATION – LAND SPLIT/PARCEL DIVISION

Vevay Township
517.676.9523

780 Eden Road Mason, MI 48854
supervisor@vevaytownship.org

www.vevaytownship.org

A survey is required to be submitted for all proposed parcels. State law limits the number of splits from any one parcel. State and local regulations might prevent the requested change. Please talk to the Township before ordering your survey.

Parcel Number: 33-10-10- ____ - ____ - ____ Property Owner's Name: _____

Owner's address: _____

Phone: _____ Email: _____

The Township Zoning Ordinance and/or state law requires all of the following conditions for any new parcel. Please indicate that each proposed parcel:

- Has a depth to width ratio not to exceed 4 to 1. YES or NO
- Has at least 200' of road frontage. YES or NO
- Is at least 2.00 acres in size. YES or NO
- Has a driveway permit from the Ingham County Road Department YES or NO

By signing this form, I agree to allow Vevay Township Officials to enter the property for inspection(s), and I further agree to record the lot line adjustment(s) with the Register of Deeds. I further understand that this lot line adjustment may not be able to be undone in the future, depending on the Township Zoning Ordinance and applicable state law.

First Parcel Owner's Signature: _____ Date: _____

Second Parcel Owner's Signature: _____ Date: _____

On behalf of Vevay Township, I authorize the proposed lot line adjustment(s).

Signature: _____ Title: _____

Date: _____