

# Rives Township Assessor

Edie Hunter  
348 E Main St  
Rives Junction, MI 49277  
517-569-3100

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Dear Land Division Applicant:

Enclosed is an application for land division for Rives Township, Jackson County. Also included is Form L-4260a Notice to the Assessor or Transfer of the Right to Make a Division of Land. These forms **must** be completed to obtain final approval of the division(s).

Prior to submitting the information be sure to include the following:

- **Completed Land Division Application**
- **Completed Form L-4260a**
- **Certified Survey for all new parcels created as well as remaining parent parcel**
- **Legal Descriptions for all new parcels created as well as remaining parent parcel**
- **Copy of the Deed to the Property, if purchased since January 1, 1997.**
- **Zoning approval, if applicable**
- **Health Department approval, if applicable**
- **Proof that no delinquent taxes exist on parcel proposed to be divided**  
**PA 23 of 2019 requires certification from the County Treasurer that all property taxes are paid. Please obtain this certification from the Jackson County Treasurer prior to submitting this request. Jackson County Treasurer Office - 517-788-4418**
- **Fee: \$50.00 for each new parcel (example: 1 to 2 parcel split = \$100.00) - make checks payable to "Rives Township"**

If any of the information cited above is not included with the land division application, the application will be deemed incomplete and will be returned to the taxpayer. At that time, the completed application may be re-submitted to the assessor along with all required attachments and will once again be reviewed.

Current local ordinance requires the assessor to notify you of the approval or denial within 45 days from the date the application was submitted. Please be aware that new parcels created as a result of this land division will appear on the **2021** assessment and tax rolls.

If you have any questions, please contact us at your earliest convenience.

Sincerely,

Edie Hunter  
Rives Township Assessor

Rives Township Land Division Application  
**Rives Township Assessor**

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517-569-3100

Approval by your local municipality is required before a property may be sold. Approval is required for any land division of land 40 acres or less unless the division is just a property line adjustment or is a platted lot.

Name and Address where form is to be sent when review is completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. **LOCATION** of parent parcel to be split:

Address: \_\_\_\_\_ Road Name: \_\_\_\_\_  
Parent Parcel Number: 000 - 03 - - - - -  
Legal Description of Parent Parcel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **APPLICANT INFORMATION:** (if different from Property Owner)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **LAND DIVISION PROPOSAL:** (Describe EACH division(s) being proposed)

A. Number of new parcels: \_\_\_\_\_  
B. Intended use (residential, commercial, etc.): \_\_\_\_\_  
C. Legal description of each proposed new parcels (attach additional sheets if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **DEVELOPMENT SITE LIMITS:** (Check each of the following that represents a condition existing on any part of the parcel)

\_\_\_\_ is riparian or littoral (river or lakefront property) \_\_\_\_\_ includes a wetland  
\_\_\_\_ includes slopes more than twenty-five percent (1:4 pitch or steeper) \_\_\_\_\_ is within a flood plain  
\_\_\_\_ is known or suspected to have an abandoned well, underground storage tank or contaminated soils

6. **ATTACHMENTS:** (All attachments must be included) Letter each as designated below.

A. SURVEY, sealed by a professional surveyor of proposed division(s)  
B. Survey **MUST** show:  
\_\_\_\_ current boundaries as of March 31, 1997  
\_\_\_\_ all previous divisions made after March 31, 1997  
\_\_\_\_ proposed division(s) with accurate dimensions shown  
\_\_\_\_ existing and proposed road/easement rights-of-way  
\_\_\_\_ easements for public utilities from each parcel to existing public utilities  
\_\_\_\_ any existing improvements (buildings, wells, septic systems, driveways, etc) and any of the features checked in Question 5  
B. ZONING APPROVAL: (Only if item is checked below)  
Yes / No Zoning Approval Required?  
C. HEALTH DEPARTMENT APPROVAL: (Only if item is checked below)  
Yes / No Health Department Approval Required?

**Jackson County Land Division Application (Continued)**

7. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections:

I hereby certify that in information contained on the application is true, and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with the conditions and regulations provided with this parcel division under all applicable State and Local regulations. Deed or other conveyance will include statements required by Public Act 591 of 1996 as to **whether the right to make further divisions is proposed to be conveyed** and the required statement **regarding the right to farm act.** Further, I agree to give permission for officials of the local municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on this application is correct.

Property Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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TOTAL FEE: \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

REVIEWERS ACTION

\_\_\_\_ APPROVED (Conditions, if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ DENIED (Reasons) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY

Parent Parcel Number: 000 - 03 - - - - -  
Name of Applicant: \_\_\_\_\_  
Number of splits allowed by statute: \_\_\_\_\_

File Control Number: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Number requested: \_\_\_\_\_