



CITY OF KEEGO HARBOR
LOT SPLIT/COMBINATION APPLICATION

2025 Beechmont * Keego Harbor MI 48320
Telephone: (248) 682-1930 Fax: (248) 682-2008

APPLICANT INFORMATION (Please print or type):

Name: _____

Address: _____

City/State/Zip: _____

Primary phone no.: _____ Alternate phone no.: _____

OWNERSHIP INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Type and amount of equity interest in parcel involved in request: _____

Primary phone no.: _____ Alternate phone no.: _____

(If there is more than one person or firm having an equity interest in the property involved in this request, on a separate sheet give the same information identified above for each)

LAND INFORMATION: LOT # _____ Property # _____

Action requested: ☐ Lot split ☐ Lot combination ☐ Both No. of parcels being created: _____

Is a copy of the legal description for the existing parcel(s) involved in this request attached?

☐ YES ☐ NO

If no, why not: _____

Have any of the parcels involved in this request been split or combined before? ☐ YES ☐ NO

If yes, when and what action was taken: _____

Are the taxes or special assessments or both on the parcel(s) paid to date? ☐ YES ☐ NO

If no, why not: _____

Have copies of current or proposed deed restrictions been attached? ☐ YES ☐ NO

If no, why not: _____

Are there ten (10) copies of a drawing with the resulting parcels in the form required by City? ☐ YES ☐ NO

If no, why not: _____

Are there legal descriptions on the drawing in a form sufficient for recording? ☐ YES ☐ NO

If no, why not: _____

APPLICANT/OWNER STATEMENTS:

1. I/We, the undersigned, am/are applying to divide or recombine property within with the City of Keego Harbor. I/We have read the city's land division regulations, being Article II Land Division, Chapter 14 of the City Code, and agree to abide by those regulations.
2. I/We certify that all statements made and information given in support of this application is true to the best of my/our belief and knowledge.
3. I declare that I have submitted all the drawings and documents as required.
4. I/We acknowledge that I am/We are paying a fee for the review of this application, and as such, I/We acknowledge that I am/We are not entitled to any portion of this fee if this application is denied in accordance with city regulations.
5. In addition to paying the application fee, I/We agree to pay all additional costs sustained by the City in reviewing or approving this application, or both.
6. I am/We are the owner(s) of record of the property or properties involved in this request. I/We acknowledge that all persons or firms having an ownership interest in the property or properties covered by this application have signed the application. Further, I/We acknowledge and understand that any failure to get all required signatures on this application will negate this application and all actions resulting therefrom.

Signed: _____ Date: _____

Printed: _____

Signed: _____ Date: _____

Printed: _____

Permit expires 1 year from date of issue, Permit Renewal fee is \$50.00

♣ ♣ ♣ ♣ ♣ ♣ DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY ♣ ♣ ♣ ♣ ♣ ♣

Required documents submitted: ☐ 10 copies of drawing ☐ Legal description of properties created on drawing ☐ If answered yes to deed restriction question, check for attached deed

Complete submission: ☐ YES ☐ NO If not, why not _____

Accepted application with required fee: ☐ YES ☐ NO

Accepted by (signature): _____ Date: _____

Taxes current for all properties involved in this request: ☐ YES ☐ NO If not, why not: _____

Date application and materials forwarded to planning consultant: _____

Approved by city council: ☐ YES ☐ NO In any case, council action taken by Resolution NO. _____