

Alcona County Land Division Application

This application must be completed in the entirety by the property owner and submitted to the equalization department with all necessary attachments

Owner Information

Owner Name/s: _____ Phone(____)____ - _____
_____ Phone(____)____ - _____
Owner Address: _____

Property Information

Property Tax ID # _____ - _____ - _____ - _____ Acreage#: _____

Property Address: _____

Are there any Special Assessments on the property?	Yes	-	No	
Did you own this property on March 31 st , 1997?	Yes	-	No	
Did or do you own any other contiguous property?	Yes	-	No	
Has property been divided since March 31 st , 1997?	Yes	-	No	- Unknown
If yes, do you have/receive division rights?	Yes	-	No	# _____
Are you transferring division rights to the child parcels?	Yes	-	No	
If so, please describe & file Form L-4260A:				

Please describe requested split:

Does the entire parcel(s) have any buildings or land improvements? Yes - No

If yes, the location of all buildings, well, septic, and other improvements must be noted on the scaled parcel sketch!

County and Township officials have 45 days after receiving a *COMPLETE & ACCURATE* application to approve or deny the land division application. Any revisions made to the land division after approval will require a new application & payment of fees. Approval may be contingent on additional conditions being met. Approval of this application does not guarantee parcels being suitable for building.

Over

There are several required attachments that **MUST** be submitted with this application

_____ Check payable to the Alcona County Equalization.
\$100.00 **Per Split** & \$50.00 non-refundable application fee.

_____ Check payable to the Alcona County Treasurer for Tax Certification &
Tax Payment Certification Form Completed.
\$5.00 **Per Parent Parcel**

_____ 1. Scaled map &/or survey including:
Current Property Boundaries
Proposed Divisions
Existing & Proposed road easements & Right of Way's
Location of all buildings, well, septic, driveways, etc

2. Legal Descriptions for:

Child Parcels
Remaining Parcel

_____ 3. Approval from the Alcona County Road Commission or MDOT for each
proposed new road, easement, &/or shared driveway.

_____ 4. Soil Evaluation / Septic & Well permit from the Alcona County Health
Department for each proposed parcel being 1 Acre or Less in size.

_____ 5. Completed Form L-4260A if owner is transferring rights to make a division to a
child parcel. Deeds require correct # of division rights in order to formally
Transfer division rights.

All Property Taxes and special assessments must be paid in full.

**The owner and undersigned has read and completed this application in its entirety
and has attached all required documentation.**

Owner Signature: _____ **Dated:** _____

Office Use Only!!!

Date Application Received _____
Is Application Complete with Attachments Yes - No

Received By: _____

**ALCONA COUNTY
DEPARTMENT OF EQUALIZATION
P.O. Box 322
Harrisville, MI 48740
(989) 724-9430
Fax (989) 724-9439**

Property Split Tax Pro-Ration Acknowledgement

I understand and acknowledge that property splits applied for and approved during the current calendar year will not be individually assessed until the following year.

This means that the July & December tax bills will be based on the Taxable Value established at the March Board of Review for the current year and will reflect the tax liability of the entire parent parcel.

Buyers and sellers need to be aware of this issue and are encouraged to contact the local Township Assessor and/or Township Treasurer in July and/or December if tax bills are not received or if the bill received is for the entire parent parcel.

Signed

Date

_____-_____-_____-_____-_____

Parcel Number

**Alcona County Treasurer
106 5th St. PO Box 158
Harrisville, MI 48740
(989) 724-9420**

Land Division / Property Combination Tax Payment Certificate Form

Name: _____ Phone: _____
Owner Address: _____
Owner City, State, Zip: _____
Property Address: _____
Property City, State, Zip: _____
Parcel ID Number(s): _____
List All Numbers _____

Attach a description of the parcel(s) to be divided or combined.

[] Certification Denied

The Alcona County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

[] Certification Approved

Pursuant to House Bill 4055, the Alcona County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the local tax collecting unit.

Exception: This certification being subject to any Board of Review, Tribunal, and/or Principal Residence Exemption denial.

[] Dated on or after March 1

The return of current delinquent taxes not available for examination.

Certified by: _____ Date Certified: _____
