

LDA #: _____
Date approved: _____
Fee: _____

CHARLEVOIX COUNTY ROAD COMMISSION
LAND DIVISION ACT APPLICATION FOR
DETERMINATION OF ACCESSIBILITY

1. PROPERTY OWNER information

Name _____ Phone: (____) _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____

2. APPLICANT Information (if not the property owner) :

Contact Person's Name: _____
Business Name: _____ Phone: (____) _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____

3. LOCATION of parent parcel to be split:

Address: _____ Road Name: _____
Parent parcel number: _____
Legal description of Parent Parcel (attach extra sheets if needed): _____

Township, City, or Village Name: _____

4. PROPOSAL: Describe the division(s) being proposed:

- a. Number of new Parcels _____
- b. Intended use (residential, commercial, etc): _____
- c. The division of the parcel provides access to an existing public road by: (check one)
 - ____ Each new division has frontage on an existing public road
 - ____ A new public road, proposed road name _____
 - ____ A new private road or easement, proposed road name: _____
(road name cannot duplicate an existing road name)
 - ____ A recorded easement (driveway)

4A. Write here, or attach, a legal description of the proposed new road, easement, or driveway
(attach extra sheets if needed): _____

5A FUTURE DIVISIONS that might be allowed but not included in this application: _____

5B The number of future divisions being transferred from the parent parcel to another parcel: _____

Identify the other parcel: _____

5. ATTACHMENTS

Please provide a survey, map, or sketch which must show:

- (1) boundaries of the parent parcel as of March 31, 1997, and
- (2) all previous divisions made after March 31, 1997 (indicate when made or none) and
- (3) the proposed division (s), and
- (4) dimensions of proposed divisions, and
- (5) existing and proposed road/ easement rights-of-way, and
- (6) location of existing or proposed buildings

I agree that the statements made above, and the materials I submit in support hereof are true and accurate. I recognize that applying for a determination of accessibility is not the same as applying for a driveway permit and that by having this application approved; a driveway permit will not automatically be issued. A separate application must be made for a driveway permit

I understand a determination of accessibility is not binding on the Charlevoix County Road Commission in the future, if there are changes in the law which occurs subsequent to this determination. Those changes could prohibit the issuance of a driveway permit or other use of the public and private roads as proposed in this application if such uses or improvements are not in place prior to any such change in the law.

Property Owner's Signature _____ Date: _____

Reviewer's action:

To be accessible under the Land Division Act the parcel (s) must meet one or both of the following Requirements:

- 1. Has an area where a driveway provides vehicular access to an existing road or street and meets all applicable location standards of the State Transportation Department or County Road Commission under Act No. 200 of the Public Acts of 1969, being Sections 247.321 to 247.329 of the Michigan Compiled Laws, or has an area where a driveway can provide vehicular access to an existing road Or street and meet all such applicable location standards.
- 2. Is served by an existing easement that provides vehicular access to an existing road or street and that meets all applicable location standards of the State Transportation Department or County Road Commission under Act 200 of the Public Acts of 1969, or can be served by a proposed easement that will provide vehicular access to an existing road or street and that will meet all such applicable location standards.

_____ Approved: Conditions if any: _____

_____ Denied: Reasons: _____

Date _____ SIGNATURE _____

TITLE _____