



TOWNSHIP OF WORTH
Sanilac County, Michigan
6903 S Lakeshore Rd.
Lexington, Michigan 48450
Ph (810)359-8852 Fax (810)359-7027

SPLITS

Procedure for Splits of Land in Worth Township

1. Apply at Worth Township offices with a fully executed split application, application fee, and copy of a certified survey.
2. Fill out and submit (in person or by mail) the attached Land Division Tax Payment Certification Form to the Sanilac County Treasurer's Office, along with payment of \$5.00. The County Treasurer's Office is located at the Courthouse at 60 W Sanilac Ave, Sandusky, MI 48471, and located on the 2nd floor.
3. Submit approval requests to the applicable public utility right-of-way contacts on the following sheet: Electric (DTE), Semco Gas (if applicable), and the Sanilac County Road Commission. These will need to be provided to the assessor before final approval can be obtained. These approvals can be emailed to the assessor@worthmi.org, or by dropping off at the township office. Please start these approval requests immediately, as it may take some time to obtain approvals from these entities.

****Please review the following split/combination requirements prior to application submission****

- Worth Township requires all sewer and water assessments (any special assessments) to be paid in full, prior to any split and/or combinations.
- ALL taxes (current and delinquent) must be paid and current on each parcel that is affected by a combination and/or split.
- Surveys must include a legal description and drawing for proposed divisions as well as remaining parcels. Survey must also show buildings and setbacks to proposed lot lines, if the proposed division and/or combination contains buildings of any sort.
- If splitting a piece of property and combining with another piece, you will need a completed split application for the split, as well as a completed combination application for the combine.
- Worth Township does not allow for mid-year splits. Therefore, please make arrangements with your closing agent to prorate taxes appropriately, if the split is part of a sale. Taxes will not be separated until the following year's tax roll. The property taxes will remain in the seller's name for the Summer and Winter tax bill of the current year of the approved split. If the closing agent needs assistance in a percentage assignment of value for prorations, please contact the assessor (assessor@worthmi.org) for assistance.
- Please allow a minimum of 3 weeks (up to 45 days) for approval. If you are wanting to split and/or combine for a sale, please plan accordingly.
- Approval of a division and/or combination is not a determination that the resulting parcels comply with other ordinances or regulations and is not a guarantee that a building permit will be issued.



TOWNSHIP OF WORTH
Sanilac County, Michigan
6903 S Lakeshore Rd.
Lexington, Michigan 48450
Ph (810)359-8852 Fax (810)359-7027

DTE (application attached)

LaDonna Jackson, Facilitator Right-of-Way

Mt. Clemens Service Center 43230 Elizabeth, Clinton Twp, MI 48036

Ladonna.jackson@dteenergy.com (best option and quickest turnaround time)

Phone (586)783-1978

Sanilac County Road Commission

100 S Elk St, Sandusky, MI 48471

Ph(810)648-2185 Fax (810)648-5810

SEMCO Energy

No application required. Please send copy of the survey along with the parcel id #, address, and owner name to:

Patrick Hurd, Right of Way Agent, 1411 Third St, Ste A., Port Huron, MI 48060

Ph(810)887-3041, Fax (810)887-4233

Email Patrick.hurd@semcoenergy.com (best option and quickest turn around time)



LAND SPLIT Service Application

Please complete and return your application to DTE, at the Regional Center address listed below.

(For DTE use) Work Order _____	Date Received _____
-----------------------------------	---------------------

Return Address:
Mt. Clemens Service Center, 43230 Elizabeth Rd., Clinton Twp, MI 48036
LaDonna Jackson-Right of Way Facilitator-(586) 783-1978
E-mail: ladonna.jackson@dteenergy.com

Property Owner Name: _____
Current Address: _____
Phone Number _____
Name of person to be contacted in case of questions _____
Daytime Phone Number: () _____ Evening Phone Number: () _____

Property/Tax I.D. # _____
City/Township/Village: _____
If assigned by municipality:
Address No.: _____ Street Name: _____
Nearest intersection: _____
Subdivision name: _____

NOTE: The legal owner of the property must sign this application, unless the party acting instead of the legal owner has power of attorney or legal guardianship. Please provide proof of such.

Required Information

- a) **Proof of Ownership** – Recorded Warranty Deed/Land Contract with Title Deed OR Title Insurance **Final** Policy
- b) **Certified Survey** of Parent Parcel showing splits
- c) **Certified Survey** with written description of the proposed splits

NOTE: PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.

Applicant's Signature: _____ Date: _____



Trudy M. Bowers
Sanilac County Treasurer
60 W. Sanilac, Room 204
Sandusky, MI 48471
Phone (810) 648-2127 Fax (810) 648-5479 tbowers@sanilacounty.net

Land Division/Combination Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number(s): _____

Attach a description of the parcels to be divided or combined

CERTIFICATION DENIED

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

Delinquent Taxes Owed: _____

CERTIFICATION APPROVED

Pursuant to House Bill 4055, the Sanilac County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel(s) subject to the proposed division or combination 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 City, Village or Township Treasurer.

Certified by: _____

Date Certified: _____

Worth Township
Application for Property Split

Parent Tax ID Number to be split: _____

Street Address of Parent Parcel: _____

Owner Name: _____ Phone # _____

Mailing Address: _____

Signature of Applicant _____ Date ____/____/____

Documentation required at time of submission:

- Letter of Approval from DTE (586-412-4760)
- Letter of Approval from Sanilac County Road Commission Permits Division (810-648-2185)
- Copy of Survey: Survey must show location of all buildings
- Copy of Registered Deed
- Copy of Approved Private Road and/or Easement if not on Public Road (Register of Deeds)

Complete all information for review of compliance of P.A. 591 of 1997 (Land Division Act of 1997)

Total Acreage of Parcels _____ Number of Divisions requested _____

Please check all that apply to Parent Parcel

Taxes are Current

City Water Parent Parcel has curb stop Well City Sewer Septic

New Parcels will have road frontage on:

County Road Private Road Existing Easement New Private Road New Easement

Future Division Rights will remain with the remainder of: Parent Parcel Child Parcels

To be completed by office personnel only:

Municipality Review and Approval

This Review Expires After a Period of 180 Days

MCL 560.109 Municipality will approve/disapprove proposed division within 45 days after filing.

Turn In COMPLETED application and attachments listed above of the proposed division to the Assessor.

Complies with zoning requirements

Adequate and Accurate legal descriptions (attached and provided)

Accessibility Provides vehicular access to existing road or street

Public Utility Easements (gas, electric, water)

Taxes are Current _____ (Treasury Intl.) Special Assessment Balance \$ _____

New Taxable Parcel being created Parent # _____

Child # _____ Child # _____ Child # _____

Approved: Assessor's Signature _____ Date ____/____/____

** The above signature authorizes for new parcel splits/combinations to be added to the tax roll.**

Disapproved:

Notes: _____

Specifications to Qualify for a land split application:

If parcel is 10 acres or less, each has a depth to width ratio of 4 to 1 as provided by ordinance
Parcels have at least a road frontage of 100ft in Residential and 54,450sq ft. in Agricultural / Residential.
Parcels have at least an area of 20,000 sq. ft. in Residential and 54,450 sq. ft. in Agricultural / Residential.

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

I agree the statements made above are true and if found not to be true, tis application and any approval will be void. Further, I agree to comply with the conditions and regulations provide with this parent parcel division. Further, I agree to give permission for officials of the municipality, county and State of Michigan to enter the property where this parcel division is proposed for purposes of inspections to verify the information on the application is correct at a time mutually agreed with the applicant. Finally, I understand this is only a parcel division which conveys only certain rights under the applicable local land division ordinance and the State Land Division Act (formerly the Subdivision Control Act. P.A. 288 of 1967 as amended (particularly by P.A. 491 of 1996). MCL 560.101 et.seq and does not include any representation or conveyance of rights in other statutes, building codes, zoning ordinance, deed registration or other property rights.

Finally, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time and if changed the division(s) made here must comply with the new requirements (apply for division approval again) unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds or the division(s) is built upon before the changes to law are made.

Property Owners Signature _____ Date ____/____/____

Received by Worth Township Clerk for Records: Signature _____ Date ____/____/____