CHARTER TOWNSHIP OF CLINTON
MACOMB COUNTY, MICHIGAN

APPLICATION TO PLAT LAND

SUMMARY FOR APPLICANT

It is recommended that the applicant read
the entire Summary and Application prior to filing.

An APPLICATION TO PLAT LAND is required to create divisions of an acreage parcel under certain circumstances, or to replat any recorded lot or lots.

The Charter Township of Clinton requires that land be properly zoned for any proposed development, use or occupancy. An APPLICATION TO PLAT LAND will not be accepted unless the land is properly zoned.

Thorough understanding by the applicant of all procedures and requirements can be crucial in minimizing costs and delays. The applicant is encouraged to contact the Clinton Township Department of Planning and Community Development prior to filing this application. Discussion of the proposal with a Staff Planner can be an invaluable means to identify and eliminate potential problems.

Information regarding the platting of land also is contained in ACT 168 OF MICHIGAN PUBLIC ACTS OF 1959, ACT 288 OF MICHIGAN PUBLIC ACTS OF 1967, and the PLANNING AND ZONING CODE OF THE CHARTER TOWNSHIP OF CLINTON.

APPLICATION TO PLAT LAND

This Application to Plat Land shall be filed with the Clinton Township Department of Planning and Community Development. It is suggested that the applicant file this application in person rather than by mail.

Refusal or failure by an applicant to comply with the following procedures shall constitute sufficient grounds to withhold an application from processing.

The following forms, documents and data shall be the minimum required to file this application. All forms shall contain original signatures notarized as required.

1. One (1) copy of the **"APPLICATION TO PLAT LAND"** form

2. One (1) copy of the **"AFFIDAVIT OF OWNERSHIP OF LAND IN THE CHARTER TOWNSHIP OF CLINTON"** form

3. One (1) copy of the Township **RECEIPT** for fee payment

4. One (1) copy of the **LEGAL DESCRIPTION** of the land

5. One (1) copy of a **VICINITY SKETCH**

6. Two (2) copies of a **TOPOGRAPHIC SURVEY**

7. Two (2) copies of a **TREE SURVEY**

8. Seven (7) copies of a **TENTATIVE PRELIMINARY PLAT**

If the applicant is not certain that all the data is accurate to complete the application, such spaces on the form should be left blank and the Staff of the Department of Planning and Community Development will assist the applicant in obtaining the correct information.

APPLICANT INFORMATION

The applicant generally is the individual who will attend meetings of the Clinton Township Planning Commission and the Clinton Township Board and to whom all pertinent correspondence will be addressed.

The applicant may choose to designate a representative. A representative typically serves the interests of the applicant in a technical capacity such as that of project architect, engineer or building contractor. A business partner, attorney or real estate broker may represent the applicant.

The representative shall be empowered to speak and correspond on behalf of the applicant and will receive duplicate correspondence.

The applicant and/or designated representative must be present at each meeting of any commission or board when consideration of the site development plan is made.

LAND INFORMATION

Much of the information required to complete this section of the application can be obtained from the property deed or land contract, the latest tax bill or a land survey.

PROJECT INFORMATION

The name of the proposed subdivision to be platted shall be identified.

If the proposed subdivision will be the result of a replat of lots of record, the original recorded subdivision plat must be vacated by proper court action and/or by resolution of the Township Board.

The proposed subdivision shall be identified as a conventional plat or an open-space plat.

The number of lots which will result in the proposed plat shall be indicated.

AFFIDAVIT OF OWNERSHIP

The Affidavit of Ownership of Land in the Charter Township of Clinton is required to identify the titleholder to the land.

If the property is jointly or corporately owned, any one person having authority within a partnership to do so shall sign the affidavit. The separate signature of each owner/partner is not required.

FEE PAYMENT

A non-refundable filing fee, in check or money order made payable to the CLINTON TOWNSHIP TREASURER, shall be paid at the office of the Township Treasurer.

A fee is required in the amount of One Thousand Five Hundred ($1,500.00) Dollars, plus Twenty ($20.00) Dollars per lot.

LEGAL DESCRIPTION

If the land is unplatted acreage or involves any part of a platted lot, the legal description of the land shall be written in metes and bounds and shall be certified by a licensed professional surveyor. The application will not be accepted without such certification.

VICINITY SKETCH

The vicinity sketch shall be a legible drawing showing the general location of the land identified in the application in relation to the nearest intersection of streets or U.S. Government Section Corners.

TOPOGRAPHIC SURVEY

The topographic survey shall be drawn in accord with Clinton Township Subdivision Regulations Ordinance No. 268 and U.S.G.S. datum.

TREE SURVEY

See Ordinance No. 327 for information.

PLAT

The plat shall be drawn in accord with and shall contain all requirements as cited in ACT 168 of MICHIGAN PUBLIC ACTS OF 1959, ACT 288 OF MICHIGAN PUBLIC ACTS OF 1967, and the PLANNING AND ZONING CODE OF THE CHARTER TOWNSHIP OF CLINTON.

CHARTER TOWNSHIP OF CLINTON
MACOMB COUNTY, MICHIGAN
APPLICATION FOR PLAT APPROVAL

APPLICANT INFORMATION

	APPLICANT	REPRESENTATIVE
NAME	_____	_____
FIRM	_____	_____
ADDRESS	_____	_____
CITY/STATE/ZIP	_____	_____
TELEPHONE	Area Code _____ _____	Area Code _____ _____
FAX	Area Code _____ _____	Area Code _____ _____
EMAIL ADDRESS	_____	_____

LAND INFORMATION

SECTION #_____ PRIVATE CLAIM #_____ TOWNSHIP ASSESSOR PROPERTY ID #011-_____

#/ACRES_____GENERAL LOCATION _____

REPLAT OF LOT NOS._____

NAME OF RECORDED SUBDIVISION_____LIBER_____PAGE(S)_____

PROPERTY ADDRESS _____

CERTIFIED METES & BOUNDS LEGAL DESCRIPTION: __/ ON PLAT

EXISTING USE _____ EXISTING ZONING _____

PROJECT INFORMATION

NAME OF PROPOSED SUBDIVISION_____

TYPE OF SUBDIVISION: __/ CONVENTIONAL NUMBER OF LOTS:_____

__/ OPEN-SPACE PLAN NUMBER OF LOTS:_____

The person/firm identified above who/which is designated as my representative is authorized to act on my behalf and is empowered to make commitments relevant to any matters concerning this Application.

APPLICANT SIGNATURE _____ DATE _____

FOR TOWNSHIP USE ONLY

RECEIVED BY _____ DATE _____ MICROFILE NO. _____.P

ACCEPTED BY _____ DATE _____

FAPP-PLAT
Revised 01/24/12

AFFIDAVIT OF OWNERSHIP OF LAND IN THE CHARTER TOWNSHIP OF CLINTON

I/WE, BEING DULY SWORN, DEPOSE AND SAY, THAT I/WE AM/ARE THE OWNER OF LAND IN THE CHARTER TOWNSHIP OF CLINTON BY REASON OF BEING __/ RECORDED LAND CONTRACT PURCHASER __/ RECORDED DEEDHOLDER

NAME _____

TITLE _____*

FIRM _____*

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE Area Code _____ _____

AND ACKNOWLEDGE THAT THIS LAND IS DESCRIBED IN A SUBMITTAL WHICH HAS BEEN OR WILL BE MADE TO THE CHARTER TOWNSHIP OF CLINTON, MACOMB COUNTY, MICHIGAN, IN AN

APPLICATION TO PLAT LAND

FURTHER, THAT ANY AGENT OR REPRESENTATIVE OF ANY STATE, COUNTY OR LOCAL PUBLIC AGENCY, FOR ANY PURPOSE RELEVANT TO THIS APPLICATION, __/ HAS PERMISSION __/ DOES NOT HAVE PERMISSION TO ENTER UPON THE LAND DESCRIBED IN THIS APPLICATION.

FURTHER, THAT THE FOLLOWING PERSON IS DESIGNATED AS MY REPRESENTATIVE AND IS AUTHORIZED TO ACT ON MY BEHALF AND IS EMPOWERED TO MAKE COMMITMENTS RELEVANT TO ANY MATTERS CONCERNING THIS APPLICATION.

APPLICANT

NAME _____

FIRM _____*

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE Area Code _____ _____

FURTHER DEPONENT SAYS NOT.

OWNER SIGNATURE _____

OWNER SIGNATURE _____

*Leave blank if not applicable

STATE OF MICHIGAN)
) S.S.
COUNTY OF _____)

ON THIS _____ DAY OF _____, 20_____, BEFORE ME PERSONALLY CAME

_____,

TO ME PERSONALLY KNOWN TO BE THE INDIVIDUAL(S) NAMED IN AND WHO EXECUTED THE FOREGOING AFFIDAVIT FOR THE PURPOSE AS STATED AND ACKNOWLEDGED THAT _____ DID SO OF _____ OWN FREE WILL AND DEED.

_____

NOTARY PUBLIC, _____ COUNTY, MICHIGAN
MY COMMISSION EXPIRES: _____

FOR TOWNSHIP USE ONLY

RECEIVED ON DATE _____ MICROFILE NO. _____

TENTATIVE APPROVAL OF PRELIMINARY PLAT

APPLICATION

The forms, documents and data shall be the minimum required as previously outlined to file with the Clinton Township Department of Planning and Community Development for **tentative approval of a preliminary plat.**

Included must be written evidence that submittal has been made to the following County agencies:

Macomb County Health Department
43525 Elizabeth Road
Mt. Clemens, Michigan 48043

Macomb County Department of Roads
117 South Groesbeck Highway
Mt. Clemens, Michigan 48043

Macomb County Public Works
115 Groesbeck Highway
Mt. Clemens, Michigan 48043

If applicable, we will also require evidence that submittal has also been made to the following State agencies:

Michigan Dept. of Environmental Quality
Land and Water Management Division
Steven T. Mason Building
P. O. Box 30458
Lansing, Michigan 48909

Michigan Conservation Department
P. O. Box 7870
Kinball, Michigan 48074

Michigan Department of Transportation
425 Ottawa
P. O. Box 30050
Lansing, Michigan 48909
(If property abuts Groesbeck (M-97), Gratiot (M-3) or Hall (M-59))

PROCESS

The initial processing of this application, relevant to acquiring **tentative approval of a preliminary plat,** will generally take a minimum of from eight (8) to ten (10) weeks from the date on which this application is filed. This period will include a meeting with the Clinton Township Planning Commission for their review and recommendation on the tentative preliminary plat. This period will also include a meeting with the Clinton Township Board for their determination whether to grant tentative approval to the preliminary plat.

The preliminary plat shall remain valid for a period of twelve (12) months from the date of tentative approval of the preliminary plat by the Clinton Township Board.

FINAL APPROVAL OF PRELIMINARY PLAT

APPLICATION

The following forms, documents and data shall be the minimum required to file with the Clinton Township Department of Planning and Community Development for **FINAL APPROVAL OF PRELIMINARY PLAT.**

1. One (1) copy of a **LETTER OF REQUEST FOR FINAL APPROVAL OF THE PRELIMINARY PLAT.**

2. One (1) copy each of **WRITTEN EVIDENCE OF APPROVAL** by the:
   a. **Macomb County Department of Health**, if public water and sewer is not available.

   b. **Macomb County Public Works Commission**

   c. **Macomb County Department of Roads**, if the proposed plat includes or abuts roads under the jurisdiction of that agency.

   d. **Michigan Department of Highways and Transportation**, if the proposed plat includes or abuts Groesbeck (M-97), Gratiot (M-3) or Hall (M-59).

   e. **Michigan Department of Environmental Quality**, if the proposed plat abuts a lake or stream or river or has flood plain traversing the land.

3. Twenty-three (23) copies of the final preliminary plat.

PROCESS

The processing of a request for **final approval of a preliminary plat** will generally take a minimum of from two (2) to three (3) weeks from the date on which the letter of request is filed. This period will include a meeting with the Clinton Township Board for their determination whether to grant final approval to the preliminary plat.

A preliminary plat shall remain valid for a period of two (2) years from the date of **final approval of a preliminary plat** by the Clinton Township Board.

FINAL APPROVAL OF A PLAT

APPLICATION

The following forms, documents and data shall be the minimum required to file with the Clinton Township Department of Planning and Community Development for **FINAL APPROVAL OF A PLAT.**

1. One (1) copy of a **LETTER OF REQUEST FOR FINAL APPROVAL**
2. One (1) **MYLAR OF THE FINAL PLAT**
3. One (1) **PEN** with reproducible, permanent black ink.
4. One (1) copy of **SUBDIVISION RESTRICTIONS**
5. One (1) copy of an **ABSTRACT OF TITLE** or **TITLE INSURANCE POLICY**
6. One (1) copy of the **SURVEYOR'S STATEMENT** verifying the placement of monuments
7. Thirteen (13) **PRINTS** of the mylar

PROCESS

FINAL APPROVAL OF A PLAT will generally take a minimum of from two (2) to three (3) weeks from the date on which the letter of request is filed. This period will include a meeting with the Clinton Township Board for their determination whether to grant final approval to the plat.