

# Procedure for Splitting/Combining Land in Burtchville Township

1. Apply (w/certified survey with legal description) at Burtchville Township along with a ~~\$100 check payable to Burtchville Township~~, and a ~~\$30.00 check payable to St. Clair County Treasurer~~.
2. Submit application (with survey copy) for DTE Evaluation for Right-of-Way (please submit letter from DTE prior to twp. final approval). You can call 586-783-1978 or [ladonna.jackson@dteenergy.com](mailto:ladonna.jackson@dteenergy.com).
3. Submit application/survey to SEMCO Energy-Patrick Hurd for approval of Right- of-Way, along with parcel number. Phone (810) 887-3041 or [Patrick.hurd@semcoenergy.com](mailto:Patrick.hurd@semcoenergy.com).
4. Submit application/survey to St. Clair County Road Commission for Driveway Evaluation. Phone-(810)364-5720 Fax (810) 966-2548.

\*\*Approval of a division 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.

**\*Please note that ALL taxes must be paid and current on each parcel being split/combined before any split/combination will be approved.**

**PLEASE ALLOW A MINIMUM OF 3 WEEKS FOR APPROVAL**

# ST CLAIR COUNTY PROPERTY SPLIT/COMBINATION CHECKLIST

Approvals of property splits/combinations are only granted by the Municipality/Assessor

This review is in compliance of P.A. 591, MCL 560.109 and MCL 211.135

*Specifically: A Municipality shall approve/disapprove proposed division within 45 days after filing completed application of proposed division with Assessor or other authorized municipality official.*

**TO COMPLETE**  
**Step #1 - OWNER**

Existing Tax Parcel(s) to be split/combined 74- \_\_\_\_\_

Owner(s) signature \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Municipality Zoning/Building Department Preliminary Review (if applicable). Note Zoning Compliance is for intended use of (depth x width, acreage, frontage, access).

Municipality Zoning/Bldg. Department Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO COMPLETE**  
**Step #2 - COUNTY**

**St Clair County Review for compliance of P.A. 288 of 1967 and P.A. 591 of 1997**

Reference #: \_\_\_\_\_

➤ Must provide a survey or drawing to scale with dimensions at time of review

Parent Parcel Tax Number(s) 74- \_\_\_\_\_

Total acreage of parcel(s): \_\_\_\_\_ Number of available splits: \_\_\_\_\_ Re-division Splits: \_\_\_\_\_

\_\_\_\_\_ Platted Parcel \_\_\_\_\_ Platted Existing divisions: \_\_\_\_\_ Platted Requested Divisions: \_\_\_\_\_

\_\_\_\_\_ New Taxable Parcel being created \_\_\_\_\_ Requesting number of divisions: \_\_\_\_\_

\_\_\_\_\_ Property lines (exempt from division) with parcel(s) \_\_\_\_\_

\_\_\_\_\_ Recorded Owner Name(s): \_\_\_\_\_

\_\_\_\_\_ In-Compliance with P.A. 591 \_\_\_\_\_ Non-Compliant with P.A. 591

Notes: \_\_\_\_\_

\_\_\_\_\_ \$30 County Fee Collected

\_\_\_\_\_ County Treasurer Tax Certification Complete – Pursuant to PA 288 of 1967 MCL 560.109(ii), this is to certify that there are no tax liens or titles on this property and that the taxes are paid for FIVE YEARS previous to the date of this instrument. This certification does not include taxes, if any now in the process of collection by the City, Village or Township Treasurer. This certification is only valid if signed below by an authorized Deputy of St. Clair County Treasurer.

St. Clair County Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*COUNTY CERTIFICATION EXPIRES AFTER MARCH 1<sup>ST</sup> WHEN ADDITIONAL TAXES ARE SUBJECT TO DELINQUENCY\*\*\*\*

**TO COMPLETE**  
**Step #3 - MUNICIPALITY**

**Municipality Review and Approval**

\_\_\_\_\_ Adequate and Accurate legal descriptions (must be provided and attached) MCL 560.109 sect (1) (a)

\_\_\_\_\_ Accessibility; Driveway or existing easements provides vehicular access to existing roads or streets.

\_\_\_\_\_ Public Utility Easements; (Gas, Electricity, Water, and Sewer, other applicable easements)

\_\_\_\_\_ Current Tax Year Paid in Full; (responsibility of municipality)

\_\_\_\_\_ Adjusted TAX BILL issued to allocate values-turn in Treasurer Tax Roll for proper billing of current tax year

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Municipality Notes: \_\_\_\_\_

Municipality/Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ The above signature authorizes the new parcel splits/combinations legal descriptions to be added to tax rolls, county equalization BSA rolls, other applicable databases, and collection of all applicable fees for both Municipal and County costs related to the split/combination processing.



# LAND SPLIT Service Application

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

<i>(For DTE use)</i>	
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](mailto: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: \_\_\_\_\_