



TOWNSHIP OF RAY

County of Macomb

64255 Wolcott Road Ray Township, MI 48096 (586) 749-5171
Fax (586) 749-6190 Website www.raytownship.org

REQUEST TO EXAMINE LAND DIVISION (Split)

Date: _____

OWNER INFO.

PARENT PARCEL No. _____

Name: _____

STREET ADDRESS: _____

Address: _____

of parcels resulting after the split is processed: _____

City: _____ Zip: _____

Fee Schedule: \$150 per number of parcels resulting after the split is processed.
\$75 fee for combination/legal description corrections.

Phone: _____

Owner Signature: _____

Amount Paid: _____

Applicant Information(If different from owner)

ALL TAXES MUST BE PAID PRIOR TO LAND DIVISION.

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Appl. Signature: _____

This form is not a split approval. The final approval will be granted when all requirements of Land Division Act 591, 1996 have been met.

Required Attachments

- A.** A survey with all new legal descriptions showing the structures and ponds with distances from lot lines.
- B.** The Land Division Act requires split to have adequate easements for public utilities from the parcel to existing public facilities. Letters from the following must be submitted to this office:

1. SEMCO Energy contact Patrick Hurd 810-887-3041
2. Detroit Edison contact Chris Cavanagh 586-783-1920, Christopher.cavanagh@dteenergy.com
3. The Macomb County Road Commission contact: Kevin Chadwick 586-463-8671

The attached land division(s) meet the Ordinance and land Division requirements for the Township of Ray.

Preliminary Approval Granted by: _____ Date: _____

Kelly Timm, Assessor

Final Approval Granted by: _____ Date: _____

Kelly Timm, Assessor



LAND SPLIT Application

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

(For DTE Energy to fill in)

Work Order _____

Date Received _____

Return Address:

DTE Energy NE Planning and Design, 43230 Elizabeth, Clinton Twp., MI 48036

Macomb Region -Telephone #: Christopher Cavanagh (586) 783-1920 Fax: (586) 783-1981

E-Mail address-christopher.cavanagh@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.

For this Application to be processed the information listed below must be provided:

- a) **Proof of Ownership (Deed or Land Contract – Title insurance policy acceptable not title commitment)**
- 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: _____