



400 S HARRISON ST
LUDINGTON, MI 49431
(231) 843-2956
WWW.LUDINGTON-MI.GOV

PARCEL MODIFICATION APPLICATION

Application Fee: \$200

Property Owner Info:

Name: _____

Address: _____

Phone No. _____ Email: _____

List all Parcels Involved:

(If additional parcel space is needed, please attach a page to include all parcels)

Type of Change:

Combination

Split

Boundary Adjustment

Intended Use/ Reason for Request: _____

No lot in a recorded subdivision, which encompasses land located in the City, shall be further portioned or divided unless such partition is conducted in accordance with the provisions of the City Code, Article VI, Division of Platted Lots (attached.).

When submitting your application, please include the following:

- Legal descriptions and survey (with all improvements, to include set-backs) for all parent parcels
 - Resulting parcel(s) legal descriptions & surveys (to include improvements & set-backs)
- Certification of Taxes paid from County Treasurer
- Record of Deed of Current Owner, if not same as the applicant
- Affidavit Signature
- Payment for all fees- Check made payable: City of Ludington

Affidavit And Permission for Municipal, County, And State Officials to Enter the Property for Inspection:

I hereby certify that the information contained in this application is true and understand that any application and subsequent approval based on false information will be void. Further, I agree to comply with the conditions and regulations provided with this parcel under all applicable state and local regulations. Deed and other conveyance will include statements required by Public Act 591 of 1996 as to whether the right to make further divisions is proposed to be conveyed and the required statement regarding the Michigan Right to Farm Act. Further, I agree to give permission for officials of the local municipality, county, and the State of Michigan to enter the property where this parcel division or combination is proposed for the purposes of inspection to verify that the information on this application is correct.

ALL Property Owner's Signature(s): _____



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Upon approval, modifications will be registered with the Mason County Registrar of Deeds and receipt provided to the applicant. In the event the modification is not approved, the County Recoding Fee will be returned to the applicant.

Owner/Applicant Signature: _____ Date: _____

A complete application may be delivered in person, e-mail or mailed to the City of Ludington Zoning Administrator at: 400 S Harrison St, Ludington MI 49431 (231.843.2956)

Platted Lot Processes:

Combination: Zoning Approval > Assessor Approval

Boundary Adjustment: Zoning Approval > Assessor Approval

Split: Zoning Approval > Assessor Approval > Planning Commission

Un-Platted Lot Processes: The Assessor shall make a determination as required by Public Act 59 of 1996

For Office Use:

Complete Application Received on- Date: _____ Payment/ Receipt #: _____

Assessor Approval: _____ Date: _____

Notes: _____

Zoning Administrator Approval: _____ Date: _____

Notes: _____

*Fees subject to change in accordance with both City and County Fee Schedule