



CASEVILLE TOWNSHIP
6767 MAIN STREET, P.O BOX 519
CASEVILLE, MI 48725
(989) 856-3053 FAX: (989) 856-9653

FORM FOR PROPERTY DESCRIPTION SPLITS

A SURVEY IS REQUIRED FOR ALL PROPERTY SPLITS

**THE FOLLOWING CRITERIA MUST BE MET AND THE SPLIT MUST BE APPROVED BY THE TOWNSHIP
IN ORDER FOR THE COUNTY TO COMPLETE THE SPLIT PROCESS:**

THE FOLLOWING PROPERTY IS REQUESTED TO BE SPLIT:

Property ID #: _____ Map ID #: _____

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Taxes/Assessments paid in full: YES / NO Are there structures on property: YES / NO

Is property in a water district: YES / NO Proof of Ownership attached: YES / NO

Current survey attached: YES / NO Proposed survey/drawing attached: YES / NO

List any special instructions: _____

CURRENT OWNER:

(Name)

(Street Address/P.O Box #)

(City, State, & Zip Code)

(Area Code & Phone Number, if available)

Property Owner Request/Signature

Property Owner Request/Signature

Date: _____

APPROVED / DENIED

Supervisor/Assessor Signature

Date: _____

***APPROVAL OF A DIVISION IS NOT A DETERMINATION THAT THE PARCELS COMPLY
WITH OTHER ORDINANCES OR REGULATIONS***

There is a charge for this process, payable to Caseville Township.