

# CITY OF CASEVILLE

6767 MAIN, P.O. BOX 1049  
CASEVILLE, MI 48725  
989-856-2102, FAX 989-856-3580

## PROPERTY DESCRIPTION SPLIT FORM

**\*\* A SURVEY IS REQUIRED FOR ALL PROPERTY SPLITS \*\***

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

*Are Taxes/Assessments paid in full?	YES / NO
*Is property in a water district?	YES / NO
*Is Current survey attached?	YES / NO
*Are there structures on property?	YES / NO
*Is Proof of Ownership attached?	YES / NO
*Proposed survey/drawing attached?	YES / NO

THE FOLLOWING PROPERTY IS REQUESTED TO BE SPLIT:

Property ID #: \_\_\_\_\_

Property ID #: \_\_\_\_\_

List any special instructions: \_\_\_\_\_

PROPERTY OWNER:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address/P.O. Box #)

\_\_\_\_\_  
(City, State, & Zip Code)

\_\_\_\_\_  
(Area Code & Phone Number)

APPROVED / DENIED

\_\_\_\_\_  
Property Owner Request/Signature

\_\_\_\_\_  
Supervisor/Assessor Signature

\_\_\_\_\_  
Date

FEE PAYABLE TO "CITY OF CASEVILLE"

\_\_\_\_\_  
Date

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