CITY of DEARBORN, DEPARTMENT of ASSESSMENT

PROCEDURES for DIVISION of REAL PROPERTY into SEPARATE LEGAL DESCRIPTIONS

To request a property division, please complete the attached application and return to the **Department of Assessment**, Dearborn Administrative Center, 16901 Michigan, Suite 5, Dearborn, MI, 48126.

The application must be completed in full and must include the following:

- 1. All property taxes and/or miscellaneous invoices must be paid and up to date. (Non-payment of these items will be cause to deny/revoke the requested property division.)
- 2. Must have the signature of the legal owner(s), or authorized agent (with authorization letter), of the property(s) involved.
- 3. Must provide a recorded deed(s), including the full legal description, of the property to be split, as proof of ownership.
- 4. If there is a Mortgage on the property, you must get written approval from the mortgage company.
- 5. If there is a Land Contract on this property, you must get written approval from the land contract holder.
- 6. Provide a professional Land Survey (NOT A "MORTGAGE SURVEY") showing the requested new parcels with all the appropriate measurements and new legal descriptions. **Must be Signed and Sealed.**
- 7. Pay a <u>Review Fee</u> of \$100.00 <u>plus</u>

a.) \$50.00 for each new residential parcel to be created

b.) \$75.00 for each new commercial or industrial parcel to be created

All fees are non-refundable

- 8. Proposed division must meet all zoning requirements or a variance from Zoning Board must be granted prior to approval.
- 9. Attached are two forms dealing with "Principal Residence Exemptions."
 - A. Fill out lines 1 through 9, line 13, and lines 17 through 19 of the form <u>REQUEST TO RESCIND HOMEOWNER'S PRINCIPAL RESIDENCE EXEMPTION</u> <u>AFFIDAVIT</u> for each property that has a "Principal Residence Exemption."
 - B. Fill out the <u>PRINCIPAL RESIDENCE EXEMPTION AFFIDAVIT</u>, leaving line 1 blank, (the Assessor's office will complete this line when a new Parcel ID number is assigned), for the new property(s) being created if it will be your principal residence.
- 10. Upon completion and approval of the application, new parcel numbers will be assigned by the Department of Assessment at the end of the year and will become effective for the upcoming assessment year.

IF YOU HAVE ANY QUESTIONS, CONTACT: **DEPART**

DEPARTMENT OF ASSESSMENT 313-943-2140

APPLICATION TO DIVIDE REAL PROPERTY into SEPARATE LEGAL DESCRIPTIONS

PLEASE PRINT					
OWNERS/AGENT NAME:					
OWNERS/AGEN	T ADDRESS:				
EMA	L ADDRESS:				
TELEPHONE:	Home				
	Cell				
	Work				
PARCEL I. D. NUMBER(s) OF PROPERTY TO BE SPLIT:					
(1)	(3)				
(2)	(4)				
NUMBER OF PARCELS TO BE CREATED: ZONING:					
ARE ALL TAXES (+/or) INVOICES, PAID (+/or) UP TO DATE?					
Statement of Own	nership				
I,(Please Pr	, being the legal owner of the above described				
parcels, request the division of said parcels per the attached application.					
Signature of Own	er				

TAX MAILING ADDRESS and LEGAI	DESCRIPTIONS of	EACH PROPERTY to	be CREATED	
	Tax Billing Information			
Please print the name and address where the tax bills are to be sent for each new parcel created. If mailing address is different than property address, list both. Attach additional sheets, if necessary.				
Parcel (1)		Parcel (2)		
			<u> </u>	
Leg	al Description Informati	on		
Print the legal descriptions of each property to be created (Page 1 No. 7). Attach additional sheets, if necessary				
Parcel (1)		Parcel (2)		
CITY	of DEARBORN APPR	JAVC		
PROPERTY MAINTENANCE & DEV SERVICES (for Residential property only)	Director or Represe	ntative	DATE	
CITY PLAN DEPARTMENT				
	City Planner or Rep	resentative	DATE	
ECON/COMM DEVELOPMENT	Director or Represer	ntative	DATE	
WATER DIVISION	-			
	Director or Represe	ntative	DATE	
FIRE MARSHALL (for non Residential properties only)	Fire Marshall or Re	presentative	DATE	
ENGINEERING DIVISION		<u>F</u> =		
	City Engineer or Re	presentative	DATE	
CITY TREASURER	City Treasurer or R		DATE	
	Clty Treasurer of K	epresentative	DATE	
LEGAL DEPARTMENT	Corporation Counsel	or Representative	DATE	
DEPARTMENT OF ASSESSMENT				
	City Assessor or Re	presentative	DATE	
NOT APPROVED:				
NOT APPROVED:				
(3)				