

File No. R424-086-089

Exhibit A

Date 12.6.24

Initials JP

CITY OF MACKINAC ISLAND

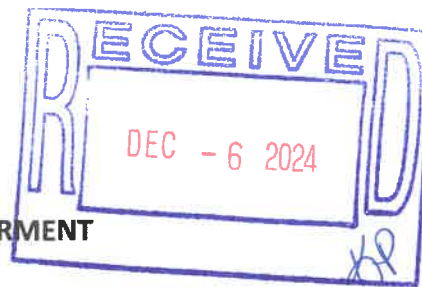
PLANNING COMMISSION & BUILDING DEPARTMENT

APPLICATION FOR ZONING ACTION

www.cityofmi.org kep@cityofmi.org

906-847-6190

PO Box 455 Mackinac Island, MI 49757



1

APPLICANT NAME & CONTACT INFORMATION:

Frank Boswick

2650 Cadotte, Mackinac Island, MI

906-847-0021

Phone Number

Email Address

Please complete both sides of application.

The Fee and five (5) copies of the application, plans and all required documents must be submitted to the Zoning Administrator fourteen (14) days prior to the scheduled Planning Commission Meeting.

Property Owner & Mailing Address (If Different From Applicant)

Is The Proposed Project Part of a Condominium Association?

No

Is The Proposed Project Within a Historic Preservation District?

No

Applicant's Interest in the Project (If not the Fee-Simple Owner):

Owner

Is the Proposed Structure Within Any Area That The FAA Regulates Airspace?

N/A – Prop Split only

Is a Variance Required?

No

Are REU's Required? How Many?

N/A – Prop Split only

Type of Action Requested:

Standard Zoning Permit

Appeal of Planning Commission Decision

Special Land Use

Ordinance Amendment/Rezoning

Planned Unit Development

Ordinance Interpretation

X Other Property Split only

Property Information:

A. Property Number (From Tax Statement): 051-630-086-00

B. Legal Description of Property: Lot 86, Assessor's Plat of Harrisonville

C. Address of Property: 5th Street

D. Zoning District: R-4 Harrisonville Residential

E. Site Plan Checklist Completed & Attached: _____

F. Site Plan Attached: (Comply With Section 20.04 of the Zoning Ordinance) _____

G. Sketch Plan Attached: See attached for Pet, Res Survey with before & After Sketches of Lot

H. Architectural Plan Attached: N/A

I. Association Documents Attached (Approval of project, etc.): N/A

J. FAA Approval Documents Attached: N/A

K. Photographs of Existing and Adjacent Structures Attached: N/A

The undersigned affirms that he/she or they is (are) the applicant and the _____ (specify: owner, Lessee, Architect/Engineer, Contractor or other type of interest) involved in the application and that the answers and statements herein attached are in all respects true and correct to the best of his, her or their knowledge and belief. The applicant hereby further affirms that he/she or they has read the foregoing and understands the same. **If the applicant is other than the owner, then a notarized affidavit from the owner, giving the applicant permission to seek the requested zoning action on their behalf, shall also be submitted with this application.**

Signature

SIGNATURES _____
Signature

Please Print Name

Please Print Name

Signed and sworn to before me on the _____ day of _____, _____.

Notary Public

County, Michigan
My commission expires: _____

FOR OFFICE USE ONLY

Zoning Permit Issued: _____

Inspection Record:

	Inspection	Date	Inspector	Comments
1.				
2.				
3.				

Occupancy Permit Issued _____

Revised October 2023

OFFICE USE ONLY

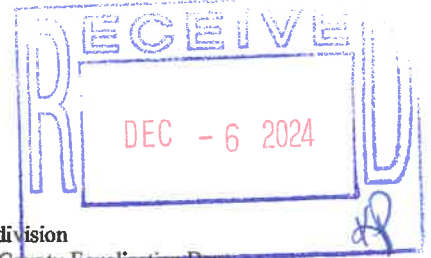
FILE NUMBER: R424-086-089FEE: \$800.00DATE: 12-6-24

CHECK NO: _____

INITIALS: JP

Revised October 2023

LAND DIVISION APPLICATION



Mail to:
Mackinac County Equalization Department
100 Marley street, Room 115
St. Ignace, MI 49781
(906)643-7310
(906)643-8123 fax

Fee Schedule:
\$100.00 Per requested division
Payable To: Mackinac County Equalization Dept.

Taxing Jurisdiction
City of Mac Isl Twp.

Parcel Identification number (list all applicable to parent tract)
49- 051-630-086-00

You must answer all questions and include all attachments and fees or application will be returned to you.

APPLICANT: Name: Frank Bloswick
Address: 2650 Cadotte
City, State, Zip Mackinac Isl 49757
Contact phone no. 906-847-0021

application will be returned to
this address after processing unless
alternate address is provided

Location of parent parcel/tract to be split:

Address: 5th St. Mac. Isl

Legal Description of Parent Parcel/Tract: (attach additional sheets if necessary)

Lot 86 Ass. Plat of Harrisonville

Property Owner (if different from applicant)

File No. R424-086-089

Exhibit B

Date 12-6-24

Initials xf

Division(s) Proposed:

A. Number of new parcels to be created: 3

B. Intended Use: (circle one) Residential Commercial / Agricultural / other

C. Is proposed division accessible by an existing public road? yes If not, describe how *legal*
access will be provided

Write or attach a legal description for each proposed division and its access road/easement. (identify each proposed division parcel, (i.e. Parcel "A" described as:, Parcel "B" described as:, access to parcel A described as: etc.)

See Attached Survey

Are any division rights being conveyed to the proposed new parcel(s)? YES NO (circle one)

If so, list the parcel which is receiving division rights and how many it will receive. (Ex: Parcel A will receive 2 additional division rights). Note: any division rights given to newly created parcels will be deducted from the maximum allowable divisions the parent parcel/tract had prior to application.

Parcel _____ Division Rights given: _____ Parcel _____ Division Rights Given _____

Parcel _____ Division Rights given: _____ Parcel _____ Division Rights Given _____

A. Development site limits: (check each which represents a condition which exists or may exist on the parent parcel and describe affected area on drawing or site map listed in item AB@ below)

- No Any part of the parcel is in a DNR / DEQ designated critical sand dune area
No The parcel is riparian or littoral
No Any part of the parcel effected by a Lake Michigan high risk erosion setback
No Any part of the parcel includes a wetland
No Any part of the parcel includes a beach
No Any part of the parcel is within a flood plain
No Any part of the parcel slopes more than 20 percent

B. Attach a scale drawing or site map showing the following:

- Parent parcel or tract boundaries (as of 03/31/1997)
- Boundaries of previous divisions made after 03/31/1997
- Each proposed division, with dimensions
- Access and utility easement to each division if necessary
- Any existing buildings or improvements on parent parcel or tract
- Any area subject to possible limitations listed in A above

C. Indication of permit from County Road Commission or MDOT for each proposed new road, easement, or shared driveway

N/A - City of Mackinac Island

AFFIDAVIT AND PERMISSION for municipal, county and state officials to enter the property for inspections:

I agree the statements made are true, and if found not to be true, any approval will be void. Further, I agree to comply with the conditions and regulations provided with this parent parcel division. Further, I give permission for officials of the municipality, county or State of Michigan to enter the property where this parcel division is proposed for purposes of inspection. Finally, I understand this is only a parcel division which conveys certain rights under the applicable local ordinance and the State of Michigan Land Division Act (formally PA 288 of 1967 as amended PA 591 of 1996) and does not include any representation or conveyance of certain rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

FINALLY, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed, the divisions made here must comply with the new requirements (apply for division approval again) unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Register of Deeds or the division is built upon before the changes to laws are made.

Property Owner's Signature _____ Date _____

REVIEWERS ACTION

_____ Approved - Conditions if any: Subject to local zoning

_____ Denied - Reasons:

Reviewers Signature and date _____