

**CITY OF SOUTH HAVEN LAND DIVISION APPLICATION
ROUTING SHEET FOR LAND DIVISION REQUEST**

Date Received _____

Applicant name: _____ Street Address: _____

City _____ State: MI Zip Code: _____

Parent Property Tax ID # _____ # _____ # _____

1. ZONING ADMINISTRATOR: Date Received: _____ Date Action Taken: _____

_____ Approved _____ Disapproved

COMMENTS:

Signature: _____

2. ASSESSOR: Date Received: _____ Date Action Taken _____

_____ Approved _____ Disapproved

**Approval valid for one (1) year after approval date for marketing purposes only.
Void after one (1) year if documents transferring property not supplied to the City Assessor.**

COMMENTS:

Signature: _____

3. City BOARD: Date Received: _____ Date Action Taken: _____

_____ Approved _____ Disapproved

COMMENTS:

Signature: _____

South Haven City Clerk

[] Expedited handling requested. Clerk will hand deliver approved application the day after approval with survey and legal descriptions to Equalization Department for tax parcel number issuance. Assessor will notify applicant typically within 2 weeks.

Return original to City secretary and attach to application