

Proprietor's Plat Review Submittal Form and Checklist

28/26

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes/Office of Land Survey and Remonumentation
 First Class Mail: PO Box 30255, Lansing, MI 48909
 Overnight Courier Service: 2501 Woodlake Circle, Okemos, MI 48864
 Phone 517-241-6321 / Fax 517-241-6301
 E-Mail: bccolsr@michigan.gov

Authority: 1967 PA 288	LARA is an equal opportunity employer/program. Auxillary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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PLAT NAME:

COUNTY:	MUNICIPALITY:	COPY FEE:	REVIEW FEE:
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TOWNSHIP	<input type="checkbox"/> N <input type="checkbox"/> S	RANGE	<input type="checkbox"/> E <input type="checkbox"/> W	SECTION	1/4 SECTION OR GOVERNMENT LOT	NO. OF LOTS	TOTAL ACREAGE
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Would you like an additional mylar "Exact Copy" of the approved plat for your records? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, five (5) mylar "exact copies" will be made. If No, only four (4) mylar "exact copies" will be made. [MCL 560.173(c)] Where would you like the fifth (5th) mylar "exact copy" sent? [MCL 560.173(c)] <input type="checkbox"/> N/A <input type="checkbox"/> Proprietor <input type="checkbox"/> Surveyor

PLEASE MAKE SEPARATE CHECKS MADE PAYBLE TO THE "STATE OF MICHIGAN". ONE CHECK FOR THE REVIEW FEE AND ONE CHECK FOR THE EXACT COPY FEE.

State Plat Review Fee - Made Payable to the State of Michigan [MCL 560.241] (\$150 for first four lots plus \$15 for each additional lot)	(28) CHECK #1 TOTAL	
Exact copies of Final Plat [MCL 560.171(a) and R560.104(3)] \$55 plus (\$1.68 x _____ (number of sheets) x _____ (number of copies)	(26) CHECK #2 TOTAL	

NOTE: If a plat is rejected, a new review fee and updated/new documentation are required to be submitted along with the revised plat. Rejected plats will be mailed to the Surveyor's address on this form unless Proprietor specifies otherwise in writing.

VALIDATION AREA

PROPRIETOR (Attach additional sheets as necessary)		
NAME	ADDRESS	
CITY	STATE	ZIP
E-MAIL	PHONE	FAX
SURVEYOR		
NAME	ADDRESS	
CITY	STATE	ZIP
E-MAIL	PHONE	FAX

Proprietor's Plat Review - Documentation Checklist	Incl.	N/A
Final Plat on Approved Material [MCL 560.132, MCL 560.169 and R 560.104]	<input type="checkbox"/>	<input type="checkbox"/>
Register of Deeds Filing and Recording Fee submitted to the County for the plat [MCL 560.241] • Please provide a receipt from the County Clerk	<input type="checkbox"/>	<input type="checkbox"/>
Register of Deeds Filing and Recording Fee submitted to the County for any restrictions [R 560.103] • Please provide a receipt from the County	<input type="checkbox"/>	<input type="checkbox"/>
Traverse Closure of Plat Boundary [R 560.112(2)(j)]	<input type="checkbox"/>	<input type="checkbox"/>
Recorded Easements and Releases [R 560.112(2)(ee)]	<input type="checkbox"/>	<input type="checkbox"/>
Land Corner Recordation Certificates [R 560.112(2)(k)]	<input type="checkbox"/>	<input type="checkbox"/>
Floodplain Restrictions [MCL 560.194 and R 560.103]	<input type="checkbox"/>	<input type="checkbox"/>
Governmental Imposed Deed Restrictions [MCL 560.254 and R 560.103]	<input type="checkbox"/>	<input type="checkbox"/>
Certified True Copies of Plat [MCL 560.142, MCL 560.161-167, MCL 560.169 and R 560.115]	<input type="checkbox"/>	<input type="checkbox"/>
Owner's Policy of Title Insurance [MCL 560.245]	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Certifications and Language Pursuant to the Current Rules [R 560.101 thru R 560.135]	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Proprietor's Filed Incorporation, Partnership or Trust Documents, i.e., legal entity verification	<input type="checkbox"/>	<input type="checkbox"/>
Public Water Services • NOT BUILT (not installed and not ready for connection) - Provide State Issued Construction Permits and Proof of Surety for Public Water Service [MCL 560.148 and R 560.121] • BUILT (installed and ready for connection) - above referenced documents not required [MCL 560.148 and R 560.121]	<input type="checkbox"/>	<input type="checkbox"/>
Onsite Water Wells - Provide a copy of the preliminary plat reviewed and approved by the Health Department and a copy of the associated approval letter. [MCL 560.118, 560.148 and R 560.121]	<input type="checkbox"/>	<input type="checkbox"/>
Public Sewer Services • NOT BUILT (not installed and not ready for connection) - Provide State Issued Construction Permits and Proof of Surety for Public Sewer Service [MCL 560.148 and R 560.121] • BUILT (installed and ready for connection) - above referenced documents not required [MCL 560.148 and R 560.121]	<input type="checkbox"/>	<input type="checkbox"/>
Onsite Sewage Disposal - Provide a copy of the preliminary plat reviewed and approved by the Health Department and a copy of the associated approval letter. [MCL 560.118, 560.148 and R 560.121]	<input type="checkbox"/>	<input type="checkbox"/>
When applicable, provide copies of the preliminary plats reviewed and approved by the following agencies and the associated approval letters. • Michigan Department of Transportation [MCL 560.115] • Michigan Department of Environmental Quality [MCL 560.116 and 560.117] • Health Department [MCL 560.118]	<input type="checkbox"/>	<input type="checkbox"/>

