

**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 City Hall, 4500 Maple, Suite 3, Dearborn, Michigan, 48126.

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

1. All property taxes must be paid and up to date.
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 Land Survey (NOT A "MORTGAGE SURVEY") showing the requested new parcels with all the appropriate measurements and new legal descriptions, signed, and sealed by a registered land surveyor.
7. Pay a Review Fee of \$50.00 plus \$50.00 for each new parcel to be created, by check only, made out to the City of Dearborn, to the Department of Assessment. 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 REQUEST TO RESCIND HOMEOWNER'S PRINCIPAL RESIDENCE EXEMPTION AFFIDAVIT for each property that has a "Principal Residence Exemption."
  - B. Fill out the PRINCIPAL RESIDENCE EXEMPTION AFFIDAVIT, 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:

**DEPARTMENT OF ASSESSMENT**  
313-943-2140

**APPLICATION TO DIVIDE REAL PROPERTY into SEPARATE LEGAL DESCRIPTIONS**

**PLEASE PRINT**

OWNERS/AGENT NAME: \_\_\_\_\_

OWNERS/AGENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

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PARCEL I. D. NUMBER(s) OF PROPERTY TO BE SPLIT:

(1) \_\_\_\_\_

(3) \_\_\_\_\_

(2) \_\_\_\_\_

(4) \_\_\_\_\_

NUMBER OF PARCELS TO BE CREATED: \_\_\_\_\_

ZONING: \_\_\_\_\_

ARE ALL TAXES PAID +/-or UP TO DATE? \_\_\_\_\_

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***Statement of Ownership***

I, \_\_\_\_\_, being the legal owner of the above described  
(Please Print)

parcels, request the division of said parcels per the attached application.

\_\_\_\_\_  
Signature of Owner

Date: \_\_\_\_\_

TAX MAILING ADDRESS and LEGAL 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)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Legal Description Information**

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 APPROVAL

NEIGHBORHOOD SERVICES  
 (for Residential property only)

\_\_\_\_\_  
 Director or Representative DATE

CITY PLAN DEPARTMENT

\_\_\_\_\_  
 City Planner or Representative DATE

ECON/COMM DEVELOPMENT

\_\_\_\_\_  
 Director or Representative DATE

WATER DIVISION

\_\_\_\_\_  
 Director or Representative DATE

FIRE MARSHALL

\_\_\_\_\_  
 Fire Marshall or Representative DATE

ENGINEERING DIVISION

\_\_\_\_\_  
 City Engineer or Representative DATE

CITY TREASURER

\_\_\_\_\_  
 City Treasurer or Representative DATE

LEGAL DEPARTMENT

\_\_\_\_\_  
 Corporation Counsel or Representative DATE

DEPARTMENT OF ASSESSMENT

\_\_\_\_\_  
 City Assessor or Representative DATE

DTE

\_\_\_\_\_  
 Representative DATE

NOT APPROVED: \_\_\_\_\_

## Request to Rescind Principal Residence Exemption (PRE)

Issued under authority of Public Act 206 of 1893.

This form must be filed with the assessor for the city or township where the property is located.  
Print or type in blue or black ink. Use a separate form for each property number.

Property Information			
▶ 1. Property Tax Identification Number		▶ 2. ZIP Code	
▶ 3. Street Address of Property	4. Name of Township or City <input type="checkbox"/> Township <input type="checkbox"/> City	5. County	
▶ 6. Name of Owner (First, Middle, Last)		▶ 7. Owner's Social Security Number	
▶ 8. Name of Co-Owner (First, Middle, Last)		▶ 9. Co-Owner's Social Security Number	

10. Property owner's daytime phone number \_\_\_\_\_

11. I am rescinding this property because (check appropriate box(es) below):	
a. I am no longer the owner of the property. ....	11a. <input type="checkbox"/>
b. I own the property, but I no longer occupy the property as my principal residence. ....	11b. <input type="checkbox"/>
c. I have converted the property to rental property. ....	11c. <input type="checkbox"/>
d. I have converted the property to commercial property. ....	11d. <input type="checkbox"/>
12. If the portion of the property in line 1 that you own and occupy as your principal residence has changed, enter the new percentage here .....	▶ 12. _____ %
13. Effective date of the change listed in either 11 or 12 .....	▶ 13. _____ Month Day Year
14. This rescission applies to:	
a. Owner and Co-owner as listed in boxes 6 and 8 above. ....	14a. <input type="checkbox"/>
b. Owner only, as listed in box 6 above. ....	14b. <input type="checkbox"/>
c. Co-owner only, as listed in box 8 above. ....	14c. <input type="checkbox"/>
15a. New Owner's Name	15b. New Co-Owner's Name

Certification			
<i>I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.</i>			
16. Owner's Signature	Date	17. Co-Owner's Signature	Date
18. Mailing Address, if Different than Property Address Above			
19. Closing Agent or Preparer's Name and Mailing Address			

Local Government Use Only -- Do Not Write Below This Line	
What is the first year this change will be posted to the tax roll? .....	▶ 20. _____
Indicate property classification .....	21. _____

# Principal Residence Exemption (PRE) Affidavit

Issued under authority of Public Act 206 of 1893.

Read the instructions page before completing the form. Completion of this Affidavit constitutes a claim for a Principal Residence Exemption (PRE) when filed with the local assessor of the city or township where the property is located. Filing this Affidavit invalidates any previous PRE the homeowner may have claimed. A *Request to Rescind Principal Residence Exemption (PRE)* (Form 2602) or a *Conditional Rescission of Principal Residence Exemption (PRE)* (Form 4640) must be filed with the local assessor for any previous claims.

Print or type in blue or black ink. Use a separate form for each property number.

PART 1: PROPERTY INFORMATION				
▶ Property Tax Identification Number		Name of City, Township or Village (taxing authority)		
		<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		
▶ Street Address of Property	▶ City	▶ State	▶ ZIP Code	County
▶ Owner's First, Middle and Last Names		▶ Social Security Number		▶ Telephone Number
▶ Co-Owner's First, Middle and Last Names		▶ Social Security Number		▶ Telephone Number

- The property above is my .....  Principal Residence       Residential Unoccupied Contiguous or Adjacent Lot
- Date the property became your principal residence (mm/dd/yyyy) ..... ▶
- If this parcel has more than one home on it, or if you own and live in one unit of a multiple-unit dwelling (or a multi-purpose property) give the percentage of the entire property that your unit (your principal residence) occupies. Your exemption will be based on this percentage ..... ▶  %
- Have you claimed a principal residence exemption for another Michigan principal residence? .....  Yes       No
- If yes, have you rescinded that principal residence exemption? .....  Yes       No
- Do you or your spouse claim an exemption, credit or deduction on property located in another state? .....  Yes       No
- Have you or your spouse filed a tax return as a resident of another state? .....  Yes       No

PART 2: CERTIFICATION			
Owner's Mailing Address (If different from property address above)	City	State	ZIP Code
Closing Agent or Preparer's First Name		Last Name	
Closing Agent or Preparer's Mailing Address	City	State	ZIP Code
<i>Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.</i>			
Owner's Signature			Date
Co-Owner's Signature			Date

LOCAL GOVERNMENT USE ONLY (do not write below this line)		
Was an exemption in place prior to this affidavit being filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	▶ First year exemption to be posted to tax rolls?	Property Classification