



Parcel #: 61- - - - -

Owner: _____

Contiguous Parcel #: 61- - - - -

Boundary Adjustment Application For Contiguous Transfer of Land Only

You MUST answer all questions, include survey and all attachments or application will be considered invalid.

Land divisions, boundary adjustments, and combinations WILL NOT TAKE EFFECT until the calendar year following the approval of such requests.

This form must be filed with our office before the transfer of the property(s).

On the lines below, fill in where you would like the form sent after the review has been completed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. LOCATION of parent parcel to be divided

Address: _____

Parcel #: _____

Legal description of parent parcel prior to adjustment (Must Attach Survey):

(If additional space is needed, please attach page to application and label "Before Adjustment".)



Legal descriptions of parent and adjoining parcels involved after adjustment (Must Attach Survey):

(If additional space is needed, please attach page to application and label "After Adjustment".)

2. PROPERTY OWNER information:

Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____

3. APPLICANT or AGENT information (If different than property owner):

Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____

4. PROPOSAL

Describe the transfer being proposed:

- A. Intended Use (Residential, Commercial, Industrial, etc.) _____
- B. ATTACH new descriptions for the contiguous parcel AND surveys INCLUDING the locations of buildings and private utilities for BOTH PARCELS



5. MORTGAGE

If any parcel involved is encumbered by a mortgage, the mortgage company MUST be notified. Please attach notification.

6. DEED

Under certain circumstances, a deed for each parcel for which the description is altered due to the boundary adjustment may need to be submitted to the Assessor's Office before final approval will be given.

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

I hereby agree that the statements made above are true and, if found not to be true, this application and any approval will be void.

Further, I agree to give permission for officials of the municipality, county, and State of Michigan to enter the property where this contiguous transfer is proposed at a time mutually agreed with the applicant for purposes of inspection to verify that the information on this application is correct.

Further, I understand that all existing special assessment(s) will remain with the parent parcel. Paving assessments must be paid in full before any boundary adjustments are approved.

Finally, I understand that this boundary adjustment will not be approved if it does not meet the current zoning standards.

Property Owner's Signature(s): _____ Date: _____

Signature _____ Date: _____

Applicant's Signature: _____ Date: _____

Adjoining Parcel Owner Signature(s): _____ Date: _____

Signature _____ Date: _____

Zoning Administrator's Approval: _____ Date: _____

Assessor's Approval: _____ Date: _____