

App No:

Date Received:

SHIAWASSEE COUNTY

LAND COMBINATION / LOT LINE ADJUSTMENT APPLICATION

INSTRUCTIONS: Approval of a combination of land or property line adjustment is required before ownership of the land is transferred. This form is designed to comply with rules, regulations and ordinances adopted by the township pursuant to Public Act 288 of 1967, Michigan Land Division Act ("Act"), as amended, and the Shiawassee County Zoning Ordinance ("Zoning Ordinance") regulating size, shape and proportion of parcels.

Please leave unknown information blank.

GENERAL INFORMATION

Applicant Name: _____

Mailing Address: _____

Property Owner (If different from applicant): _____

Property Owner Address: _____

Primary Contact Phone: _____

Primary Contact Email/Fax: _____

PROPERTY INFORMATION

Parent Parcel Location (address/crossroads): _____

Parent Parcel's Tax ID#: 1) _____ 2) _____

3) _____ 4) _____

Total Tract size: _____ Total road frontage: _____ Parcel depth: _____

PROPOSAL

Is the proposal to:

Combine the entire parent parcel with an adjoining parcel? Yes No

Combine a portion of the parent parcel with an adjoining parcel? Yes No

Number of divisions to be transferred from the parent parcel to another parcel: _____

Specifically identify which parcels are to receive transferred divisions and how many on the attached survey.

ATTACHMENTS

1. A site plan showing all existing structures and improvements on the property (buildings, wells, septic system, driveway, etc.).
2. Show existing easement right-of-ways.
3. Proof of ownership.

AFFIDAVIT OF COMPLIANCE

I am the owner of, or the authorized agent of the owner, of the property described and shown on the attached survey. I hereby attest, to the best of my knowledge, all information provided herein is accurate and in compliance with all applicable rules, regulations and governing ordinances.

OWNER/APPLICANT SIGNATURE _____ **DATE:** _____