

(NO. AS OF 3-31-1997)

PARENT PARCEL CODE #: 28-05-

## Charter Township of Garfield Grand Traverse County

3848 VETERANS DRIVE TRAVERSE CITY, MICHIGAN 49684 PH: (231) 941-1620 • FAX: (231) 941-1588

## **BOUNDARY ADJUSTMENT APPLICATION**

Property Owner (Providing Land)		Property Owner (Receiving Land)
Name:		Name:
Address: City, State, Zip Code		Address:
		City, State, Zip Code
Phone Number		Phone Number
1) P	arcel (Providing Land) Inform	nation:
a	Location of parcel to be adjusted (Address/Road Name):	
b	) Current parcel legal description	(Please Attach):
c	Current parcel acreage:	
d	) Has the parcel previously been	divided?
e	Parcel acreage <u>after</u> adjustment	
f)	Width of parcel after adjustmen	t:
g	Parcel legal description <u>after</u> adjustment (Please Attach):	
h	) Parcel Identification Number:	
2) P	arcel (Receiving Land) Inforr	nation
a	Location of parcel to be adjusted (Address/Road Name):	
b	) Current parcel legal description	(Please Attach):
c	Current parcel acreage:	
d	) Has the parcel previously been	divided?
e	Parcel acreage <u>after</u> adjustment	
f)	Width of parcel after adjustmen	t:
g	) Parcel legal description after ad	justment (Please Attach):
	) Parcel Identification Number:	

- 3) Site Limits (Please indicate if any of the limitations below exist on the parcel)
  - \_\_\_\_ Waterfront property (river, lake, pond etc.)
  - Wetlands
  - \_\_\_\_ Is within a flood plain \_\_\_\_\_ Includes a beach
  - \_\_\_\_ Is on muck soils or soils known to have severe limitations for on site sewage system
- 4) Attachments (Please include the following attachments and label each attachment appropriately)
  - a) A survey of the Parent Parcel drawn to scale which includes the following:
    - i) Location and dimensions of the land to be conveyed
    - ii) Existing and proposed road/easement right-of-way(s)
    - iii) Legal description of proposed new road, easement or shared driveway
    - iv) Utility easements to new parcel from existing utilities
    - v) Any existing improvements (buildings, wells, septic system, driveways, etc.)
  - b) Land Division Tax Payment Certification from the Grand Traverse County Treasurer, indicating all taxes upon the properties have been paid in full.

## 5) Acknowledgment

The undersigned acknowledges that any approval of this application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. The undersigned agrees that the statements made in this application are true and correct and acknowledges that, if found not to be true, this application and any approval will be void.

Date

Date

Owner signature

Owner Name Printed - Providing Land

Owner signature

Owner Name Printed - Receiving Land

Office Use Only – Please do not write below this line

\_\_\_\_\_Approved: (With conditions below, if any)

\_\_\_\_\_ Denied: (Please include reasons for denial)

Assessing Department Amy L. DeHaan Zoning Department Michael Green Planning Department John Sych