



# BOUNDARY ADJUSTMENT APPLICATION / REQUEST

Send To: Tittabawassee Township  
145 S Second St. P.O. Box 158  
Freeland, MI 48623

Applicant Name \_\_\_\_\_  
Street Address P.O. Box \_\_\_\_\_  
City Zip Code \_\_\_\_\_  
Contact Phone (\_\_\_\_\_) \_\_\_\_\_  
Contact Email \_\_\_\_\_

**Internal Use Only**

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

I/we are requesting that boundaries and legal descriptions for the following property parcels be modified according to the attached survey and proposed descriptions.

**Parcel # 1.**

Address: \_\_\_\_\_ Road Name: \_\_\_\_\_

Parcel Number: 29 - 13 - 3 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Zoning: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

*(Select one of the following)*

I am the sole owner of the Parcel in Question

I am a joint owner of the Parcel in Question and have authority to act for the other owners.

I am not an owner but have legal authority to represent the owner or owners of the property.

List all other persons, firms, or organizations having a legal or equitable interest in the property:

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

**Parcel # 2.**

Address: \_\_\_\_\_ Road Name: \_\_\_\_\_

Parcel Number: 29 - 13 - 3 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Current Zoning: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

*(Select one of the following)*

I am the sole owner of the Parcel in Question

I am a joint owner of the Parcel in Question and have authority to act for the other owners.

I am not an owner but have legal authority to represent the owner or owners of the property.

List all other persons, firms, or organizations having a legal or equitable interest in the property:

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

**Please see reverse for additional instructions.**

## Restrictions on Boundary Adjustments.

Before a boundary adjustment can be approved, all of the following conditions must be met:

1. A survey must be prepared detailing the existing property lines and the proposed property lines. The survey must show all existing buildings and setbacks from proposed property lines.
2. The parcels must be contiguous.
3. The parcels must be the same zoning district.
4. The resulting parcels must meet the legal requirements for a new parcel. i.e. depth to width ratio of not more than 4:1, road access and size requirements.
5. All existing buildings and improvements must comply with current zoning requirements, including setbacks and coverage limits.
6. The resulting parcel cannot span a section line.
7. Once the boundary adjustments have been approved by the Township official, deeds must be prepared and legally executed to transfer ownership. The names on the deeds must be exactly the same as the names on the existing deed of the receiving parcel. i.e. a parcel owned by J. Doe cannot be combined with a parcel owned by John Doe or John J. Doe.

### Fees:

**\$100.00 for the first two parcels involved, plus \$100.00 for each additional parcel.**

*By making this application, I authorize township officials to enter upon the property to gather information relating to this application.*

*New property numbers will be assigned by the County prior to the next tax billing cycle.*

*I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.*

Applicant: \_\_\_\_\_

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

<b>Office use only:</b>	<b>Application Number:</b>
Application Reviewed by:	Date:
Approved:	Denied:
Reason for Denial:	