

WAKESHMA TOWNSHIP BOUNDARY ADJUSTMENT APPLICATION

Land division questions: Chad Razmus 616-202-6509 chad.apgllc@gmail.com

Zoning questions: Chris Hamilton SCMCCI 1-888-249-7077 chamilton@scmcci.org

Return completed application with all attachments to the Township for processing.

ALL QUESTIONS MUST BE ANSWERED AND ALL ATTACHMENTS INCLUDED FOR PROCESSING OF THIS APPLICATION. THIS FORM IS DESIGNED TO COMPLY WITH APPLICABLE ZONING, LAND DIVISION ORDINANCES AND PA 591 OF 1996 AND PA 87 OF 1997.

IN THE BOX LISTED BELOW, PRINT WHERE YOU WANT THIS FORM SENT WHEN COMPLETE

_____	NAME
_____	ADDRESS
_____	CITY, STATE, ZIP
_____	EMAIL

\$ 150.00 APPLICATION FEE – THE FEE IS \$ 150.00 FOR EACH BOUNDARY LINE ADJUSTMENT. FEE IS NON-REFUNDABLE FOR VOID OR DENIED APPLICATIONS. PAYABLE TO THE TOWNSHIP.

1. PARCEL ID# OF PARCEL RELEASING LAND: _____

PARCEL ID# OF PARCEL ACQUIRING LAND: _____

2. PROPERTY OWNER RELEASING LAND INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: (____)-____-____ EMAIL: _____

PROPERTY OWNER ACQUIRING LAND INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: (____)-____-____ EMAIL: _____

3. ATTACHMENTS: (ALL ATTACHMENTS **MUST** BE INCLUDED FOR APPLICATION TO BE PROCESSED). LETTER EACH ATTACHMENT AS SHOWN HERE. LABEL EACH LEGAL DESCRIPTION TO CORRESPOND WITH SURVEY.

- A. A SURVEY OR MAP/DRAWING OF PARENT PARCEL DRAWN TO A SCALE OF 1"=20', 1"=50', 1"=100', 1"=200', 1"=400', OR 1"=1000'. THE SCALE USED SHALL BEST REPRESENT THE PROPERTY AND IMPROVEMENTS. IF A MAP/DRAWING IS SUBMITTED THE FORTY-FIVE (45) DAY TIME LIMIT IS WAVED. THE ZONING ADMINISTRATOR MAY REFUSE ANY MAP/DRAWING. THE SURVEY OR MAP/DRAWING WILL INCLUDE THE FOLLOWING:
1. THE LABELED PROPOSED BOUNDARY ADJUSTMENT.
 2. DIMENSIONS AND ACREAGE OF THE PROPOSED ADJUSTMENT.
 3. SCALED LOCATION OF ANY IMPROVEMENTS (BUILDINGS, WELLS, SEPTIC SYSTEMS, ETC.).
- B. A LEGAL DESCRIPTION FOR THE ENTIRE PARENT TRACT, THE NEWLY CREATED REMAINING PARENT TRACT, AND ALL OTHER NEWLY CREATED PARCELS. ALL THE DESCRIPTIONS FOR THE NEWLY CREATED PARCELS WILL BE LABELED TO CORRESPOND WITH THE SURVEY OR MAP/DRAWING.

AFFIDAVIT – I AGREE 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 COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION. FURTHER I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY WHERE THIS PARCEL DIVISION IS REQUESTED FOR PURPOSES OF INSPECTION TO VERIFY THAT THE INFORMATION ON THE APPLICATION IS CORRECT AT A TIME MUTUALLY AGREED WITH THE APPLICANT. I UNDERSTAND THIS IS ONLY A PARCEL DIVISION WHICH CONVEYS ONLY CERTAIN RIGHTS UNDER THE APPLICABLE LOCAL LAND DIVISION ORDINANCE, THE LOCAL ZONING ORDINANCE, AND THE STATE LAND DIVISION ACT AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUTE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTION OR OTHER PROPERTY RIGHTS. TOWNSHIP LAND DIVISION APPROVAL IN NO WAY GUARANTEES THE ISSUANCE OF A BUILDING PERMIT.

****APPROVAL IS ALWAYS CONTINGENT ON THE TRANSFER OCCURRING WITHIN NINETY (90) DAYS OF APPROVAL. THE CONVEYANCE SHALL BE RECORDED WITH THE COUNTY REGISTER OF DEEDS OFFICE AND A COPY SUPPLIED TO THE TOWNSHIP. IT IS UNDERSTOOD THAT THE LAND TRANSFERRED IS ATTACHED TO EXISTING PARCELS AND THAT NO NEW PARCELS ARE CREATED.**

*****ALL LAND DIVISIONS, LOT LINE ADJUSTMENTS AND COMBINATIONS ARE COMPLETED FOR THE ASSESSMENT ROLL THE YEAR AFTER APPROVAL TO ENSURE PROPER APPEAL RIGHTS. THIS APPROVAL WILL NEED TO BE GIVEN TO ALL INDIVIDUALS INVOLVED IN THE PROCESS INCLUDING REALTORS AND TITLE AGENTS. THE TOWNSHIP DOES NOT CALCULATE MID-YEAR TAX PRO-RATIONS. THIS IS AN AGREEMENT BETWEEN BUYER AND SELLER OR HANDLED BY A TITLE COMPANY.**

PROPERTY OWNER RELAEASING LAND SIGNATURE

DATE

PROPERTY OWNER AQUIRING LAND SIGNATURE

DATE

OFFICE USE ONLY, PLEASE DO NOT MARK IN BOXES BELOW.

PARCEL ID#(S) _____

APPROVED: CONDITIONS, IF ANY _____

DENIED: REASONS _____

_____ SIGNATURE – ZONING OFFICIAL	_____ DATE
_____ SIGNATURE – TOWNSHIP ASSESSOR	_____ DATE