



Located at: 9773 Mt. Hope Rd. Munith, MI 49259  
Office Phone: 517-596-8200 / Fax:517-596-8600  
Hours: M, T and Th 9:00 am -1:00 pm / Wed 1:00pm -5:00pm  
Website: www.waterlootwpmi.gov

Parcel-A # _____
Parcel-B# _____
New Combined Parcel # _____

## APPLICATION FOR APPROVAL OF BOUNDARY LINE ADJUSTMENT

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

Base Application Fee \_\_\_\_\_

### **Applicant Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone/Cell #

\_\_\_\_\_  
E-Mail Address

### **Property Owner Information (If not applicant)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone/Cell #

\_\_\_\_\_  
E-Mail Address

Property Information

Parcel Number #1 \_\_\_\_\_

Parcel Number #2 \_\_\_\_\_

Street address of parcel #1 \_\_\_\_\_

Street address of parcel #2 \_\_\_\_\_

**Additional Information required to be included with application  
(to the extent applicable to the proposed boundary line adjustment)**

- A. An adequate and accurate legal description of each parcel proposed to result from the boundary line adjustment.
- B. A survey, drawn to an identified scale, showing all of the following with respect to each parcel proposed to result from the boundary line adjustment:
  - 1. Dimensions (in feet) of all lot lines.
  - 2. Area (in square feet or acreage, as most applicable).
  - 3. Parcel boundary lines.
  - 4. Accessibility (an area where an existing easement or a driveway will provide vehicular access to an existing road or street, meeting all applicable location standards of the Road Commission or Michigan Department of Transportation, as applicable).
  - 5. The location of all existing buildings and structures, and the distances (in feet) from the buildings/structures to all proposed parcel boundary lines. Note: This applies to wells and septic systems, as well as buildings and other structures.

**Note: the filing of this application constitutes permission for the Administrator or the designee of same to enter the subject property without prior notice for purposes of inspection to verify the information on this application.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

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**FOR ADMINISTRATION USE ONLY**

A.  The application is approved, as I have determined all the following requirements are met:

1. The applicant has filed a complete application pursuant to the applicable requirements of Section 5 of the Land Division, Combination, and Boundary Adjustment Ordinance.
2. The proposed boundary line adjustment will not violate any provision of the Land Division Act.
3. The proposed boundary line adjustment will not cause any existing parcel that is a conforming lot under the Township Zoning Ordinance to become a nonconforming lot under that ordinance, and will not cause any existing nonconforming under that ordinance to become more nonconforming.

B.  The application is disapproved, because the application does not meet one or more of the requirements specified above for approval (indicate as applicable items A.1-3):

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_