

SOLON TOWNSHIP

Boundary Line Adjustment

March 2004

Bring or mail completed application to:

Solon Township Assessor
15185 Algoma Ave
Cedar Springs, MI 49319
Phone: 616-696-1718

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER: _____

This form is designed to comply with applicable local zoning, land Division ordinances and § 109 of the Michigan Land Division Act (formerly the subdivision control act, P.A. 591 of 1996) MCL 560.101 et. seq.

1. **LOCATION** of parcel #1 to be adjusted

- Address: _____ Road Name: _____
Parcel Number: 41- 02 - _____ - _____ - _____
Legal Description of Parcel **(Included as an attachment to this application)**

2. **LOCATION** of parcel #2 to be adjusted

- Address: _____ Road Name: _____
Parcel Number: 41- 02 - _____ - _____ - _____
Legal Description of Parcel **(Included as an attachment to this application)**

3. **PROPERTY #1 OWNER** Information:

- Name: _____ Phone: (_____) _____ - _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____ - _____

4. **PROPERTY #2 OWNER** Information:

- Name: _____ Phone: (_____) _____ - _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____ - _____

5. A survey or tentative parcel map (to scale of **1" equals 200'**) showing the parent parcel or parent tract which is the subject of the application. The survey or parcel map shall include the proposed changes (with lot lines and dimensions)

Property Owner Signature: _____ Date: _____