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:	Address:
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number

PARENT PARCEL CODE # : 28-05-_____-_____-_____-_____ (NO. AS OF 3-31-1997)

STREET # STREET NAME

1) Parcel (Providing Land) Information:

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 after adjustment: _____

f) Width of parcel after adjustment: _____

g) Parcel legal description after adjustment (Please Attach): _____

h) Parcel Identification Number: _____

2) Parcel (Receiving Land) Information

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 after adjustment: _____

f) Width of parcel after adjustment: _____

g) Parcel legal description after adjustment (Please Attach): _____

h) 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) Proof that 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.

_____ _____
Owner signature Date

_____
Owner Name Printed

_____ _____
Owner signature Date

_____
Owner Name Printed

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 Sara Kopriva	Planning Department Roberto E Larrea