



7401 N 32nd St
Richland, MI 49083
P: 269-629-4921
F: 269-629-5993

BOUNDARY LINE ADJUSTMENT APPLICATION

Please fill out completely or application may be rejected. Bring or mail completed application and fee to:

Richland Township
7401 North 32nd Street
Richland, Michigan 49083

#1 First Parcel to be changed:

#2 Additional Parcel to be changed

Address _____

Address _____

Parcel # _____

Parcel # _____

Legal Description of Parcels (attach extra sheets if needed)

#1 _____

#2 _____

#3 PROPERTY OWNER INFORMATION:

Name: _____ Ph# _____

Address _____

Email: _____

#4 PROPOSAL: (Describe the division(s) being proposed.)

A. Number of New Parcels _____

B. The amended parcels provides access to an existing public road by: (check one)

_____ Each new parcel has frontage on an existing public road.

_____ A recorded easement (driveway).

_____ Other _____

Legal description of the easement or shared drive- way (attach extra sheets if needed)

Legal description for each proposed new parcel (attach extra sheets if needed)

[Type here]

5. ATTACHMENTS (All attachments must be included.) Letter each attachment as shown here.

_____ A. 1. A survey, sealed by a professional surveyor at a scale of _____ (insert scale) of proposed division(s) of parent parcel; must include all structures with dimensions

OR 2. A map/drawing for preliminary approval drawn to scale of _____ (insert scale), of proposed division(s) of parcel and the 30-day time limit is waved: must include all structures with dimensions

Signature _____

The survey or map must show:

- (1) current boundaries (as of March 31, 1997), and
- (2) all previous divisions made after March 31, 1997 (indicate when made or none), and
- (3) the proposed division(s), and
- (4) dimensions of the proposed divisions, and
- (5) existing and proposed road/easement right-of-way, and
- (6) easements for public utilities from each parcel to existing public utilities, and
- (7) any existing improvements (buildings, wells, septic system, driveways, etc.)

- _____ B. Indication of approval, or permit from County Road Commission, or MDOT.
- _____ C. A copy of any transferred division rights (§109(4) of the Act) in the parcel.
- _____ D. A fee of \$150.00 is required to process. (check or cash).

6. IMPROVEMENTS- Describe any existing improvements (buildings, well, septic, etc.) which are on the parcel, or indicate none (attach extra sheets if needed): _____

7. AFFIDAVIT / PERMISSION FOR MUNICIPAL, COUNTY, AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS.

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 parcel division. Further, I agree to give permission for officials of Richland Township, Kalamazoo County and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant. Finally, 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 (formerly the Subdivision Control Act, P.A.288 of 1967, as ended (particularly by P.A. 591 of 1996), MCL 560.101 et seq.), and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights. Finally, even if this division is approved, I understand zoning, local ordinances and State Acts change from time to time, and if changed the divisions made must comply with the new requirements (**apply for division approval again**) unless deeds, land contracts, leases or surveys representing the approved divisions are recorded with the Registered of Deeds or the division is built upon before the changes to law are made.

PROPERTY OWNER'S SIGNATURE _____

Received by _____ Date Received _____ Amount Received _____



*******FOR OFFICE USE ONLY*******

Parcel # _____ Property Address _____

Applicant _____

Zoning Review:

_____ **APPROVED:**

_____ **APPROVED WITH CONDITIONS**

_____ **DENIED:** Reasons (Cite)

Zoning Signature _____ Date _____

Assessing Review for Consideration

_____ **APPROVED:**

_____ **APPROVED WITH CONDITIONS**

_____ **DENIED:** Reasons (Cite)

Assessing Signature _____ **DATE** _____