

CITY OF BOYNE CITY

319 North Lake Street Boyne City, MI 49712 (231) 582-6597



PARCEL DIVISION - LOT RECONFIGURATION

APPLICANT

Name: _____

Address: _____

Telephone: _____ (daytime) _____ (evening)

OWNER OF PROPERTY

Name: _____

Address: _____

Telephone: _____ (daytime) _____ (evening)

PROPERTY INFORMATION

Property Address: _____

Property Tax Code Number: 15 - 051 - - -

Nearest intersection: _____

Zone district in which property is located: _____

Present parcel size (acres/feet): _____

Lot or parcel size(s) to be reconfigured or divided from parent parcel:

_____ acres/feet _____ acres/feet

_____ acres/feet _____ acres/feet

I certify the proposed parcel division or land reconfiguration described above can take place without triggering the requirements for submission of a subdivision plat pursuant to the Land Division Act.

Signature: _____ Date: _____

(See reverse for information on additional information to submit with this application.)

If preliminary approval is granted by City, the following must be submitted prior to consideration of final approval:

1 copy of proof of ownership of parent parcel including a legal description.

1 copy of a certified survey of the proposed parcel division or lot reconfiguration(s) and remaining parent parcel. If sketch is over 11 x 14 paper size, please make 16 copies.

1 copy of the proposed legal descriptions of the proposed parcel division or lot reconfiguration(s) and remaining parent parcel.

1 copy of this application form.