Planning Department
319 N Lake Street
Boyne City, MI 49712

Land Division/ Reconfiguration Application

PERMIT NUMBER

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s): E-mail:

Property Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s):

Parent Parcel Location: Street Address: _____

Property ID Number: **15-015-**

Request is for: Parcel Division Lot Reconfiguration

Zoning District:_____Present Parcel Size:_____

Parcel Area to be Reconfigured or Divided from Parent Parcel:_____Parcel Area of Remaider_____

Number of New Parcels Created_____ Number of Divisions Conveyed _____Previous Divisions_____

Access to New Parcel Provided by: Existing Road Existing Easement New Road New Easement

_____ _____

Applicant *(Printed Name)* *Signature* *Date*

_____ _____

Property Owner *(Printed Name)* *Signature* *Date*

The following must be submitted with the application form and fee prior to consideration of final approval:

- *One copy of proof of ownership of parent parcel including legal description.*
- *One copy of a certified survey of the proposed parcel division or lot reconfigurations and remaining parent parcel.*
- *One copy of the proposed legal descriptions of the proposed parcel division or lot reconfiguration and remaining parcel.*

_____APPROVED _____DENIED _____

Township Assessor Date

_____APPROVED _____DENIED _____

Zoning Administrator Date