



CITY OF BOYNE CITY

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Boyne City, Michigan 49712
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PARCEL DIVISION/ LOT RECONFIGURATION APPLICATION

➡ **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: 15-051-

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 Remainder _____
 Number of New Parcels Created _____ Number of Divisions Conveyed _____ Previous Divisions _____
 Purpose of Proposed Parcel Division/Reconfiguration _____

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

- The following must be submitted 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.
 - One application form and filing fee.

This is to certify the required filing fee was received on _____ Receipt Number _____
 _____ APPROVED _____ DENIED _____
 _____ Zoning Administrator _____ Date _____