

SOLON TOWNSHIP

Boundary Line Adjustment

March 2024

Bring or mail completed application to:

Solon Township Assessor
15185 Algoma Ave
Cedar Springs, MI 49319
Phone: 616-696-1718

NAME _____

This form is designed to comply with applicable local zoning, land Division ordinances and § 109 of the Michigan Land Division Act (formerly the subdivision control act, P.A. 591 of 1996) MCL 560.101 et. seq.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

You **MUST** answer all questions and include all attachments, or this application will be returned to you.
Application fee: \$50.00 PER ADJUSTMENT

1. **LOCATION** of parcel #1 FFto be adjusted

- Address: _____ Road Name: _____
Parcel Number: 41- 02 - _____ - _____ - _____
Legal Description of Parcel **(Included as an attachment to this application)**

2. **LOCATION** of parcel #2 to be adjusted

- Address: _____ Road Name: _____
Parcel Number: 41- 02 - _____ - _____ - _____
Legal Description of Parcel **(Included as an attachment to this application)**

3. **PROPERTY #1 OWNER** Information:

- Name: _____ Phone: (_____) _____ - _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____ - _____

4. **PROPERTY #2 OWNER** Information:

- Name: _____ Phone: (_____) _____ - _____
Address: _____ Road Name: _____
City: _____ State: _____ Zip Code: _____ - _____

5. A survey or tentative parcel map (to scale of **1" equals 200 '**) showing the parent parcel or parent tract which is the subject of the application. The survey or parcel map shall include the proposed changes (with lot lines and dimensions)

Property Owner Signature: _____ Date: _____

DO NOT WRITE AFTER THIS LINE

SOLON TOWNSHIP

Boundary Line Adjustment MARCH 2024

Reviewer's action:

___/___/___ Date application completed and filed in assessors office

\$_____ Fee paid

Assessing Department Approval

___/___/___ _____
Assessor's Signature

Conditions, if any _____

Denied

Reasons for denial (cites) _____

