

SOLON TOWNSHIP

Boundary Line Adjustment

JULY 2025

Bring or mail completed application to:

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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

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.

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 to 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 JULY 2025

Reviewer's action:

___/___/___ Date application completed and filed in zoning administrator's office

___ ___/___/___ Approval by Zoning Administrator (initials & date)

___/___/___ Date filed in Assessing Office

\$_____ Fee paid Initials _____

Assessing Department Approval

___/___/___ _____
Assessor's Signature

Conditions, if any _____

Denied

Reasons for denial (cites) _____

