

(rev. 10-5-2021)

Supervisor: 989-684-8931
Clerk: 989-684-8041
Treasurer: 989-684-8531
Fire Dept. 989-684-8504



Assessor: 989-684-7100
Inspection: 989-684-5427
Enforcement: 989-684-9700
Fax: 989-684-5644

LOT LINE ADJUSTMENT APPLICATION

1. LOCATION OF PARCELS INVOLVED

Date Received:	Application Fee:
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A. Location of parcel **TRANSFERRING THE LAND**:

Address (if applicable):	
Parcel Identification Number:	
Zoning District:	
Current Lot Width:	Current Lot Size:
Lot Width After Transfer:	Lot Size After Transfer:

B. Location of parcel **RECEIVING LAND**:

Address (if applicable):	
Parcel Identification Number:	
Zoning District:	
Current Lot Width:	Current Lot Size:
Lot Width After Transfer:	Lot Size After Transfer:

6. AFFIDAVIT

I/We agree the statements made above are true and accurate and if found not to be true or accurate, this application and any approval granted will be null and void. I/We understand that approval of boundary adjustments is not a determination or implication that any resulting parcels are buildable. All provisions of township ordinances and building requirements must be satisfied prior to approval of any development. Nor does approval determine that adequate water and septic/sewer capacity is available on the resulting parcels/lots. If necessary, I/We also give permission for municipal, county and state officials to enter the property for inspections.

Signatures of all parties:

A. OWNER OF PARCEL TRANSFERRING LAND

Signature: _____	Date: _____
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B. OWNER OF PARCEL RECEIVING LAND

Signature: _____	Date: _____
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~ DO NOT WRITE IN BELOW SECTION – FOR OFFICIAL TOWNSHIP USE ONLY ~

Assessing Dept: Complete Application Received: _____ Fee Rec: _____ CK# _____

Submitted to Zoning Administrator Date: _____

Zoning Administrator: Approved w/Conditions (See Below) Denied (See Attached)

Conditions: _____

Signature: _____ Date: _____

Assessor: Approved w/Conditions (See Below) Denied (See Attached)

Conditions: _____

Assessor Denial of Application: Date _____
Charter Township of Bangor Assessor

Reason/s _____

Assessor Final Approval Lot Line Adjustment Application: _____ Date: _____
Charter Township of Bangor Assessor

Tentative Parcel Identification Number year following approved application

010-____ - ____ - ____ - ____	010-____ - ____ - ____ - ____
Transferring Parcel	Receiving Parcel