REQUEST FOR LOT LINE TRANSFER

You MUST answer all questions and include all attachments. 
Bring or mail to: 13300 168th Ave., Grand Haven, MI 49417

| Name: | This form is designed to comply with applicable local Zoning and Land Division ordinances and §108 and §109 of the Michigan Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended particularly by P.A. 591 of 1996 and P.A. 87 of 1997), MCL 560.101 et seq. It does not purport, however, to meet all issues that a local unit may want to address. |
| Address: | |
| City, State, Zip: | |
| E-mail: | |

1. **LOCATION of Parcels to be transferred-joined:**
   - Address: __________________________
   - Parcel Number #1: __________________________
     - CURRENT ZONING: __________________________
   - Parcel Number #2: __________________________
     - CURRENT ZONING: __________________________

2. **1st PROPERTY OWNER - Transferee** Information: (full name(s) from deed for owners) --Information must be provided for every owner of a fee interest. In addition, if the property is subject to a land contract, provide information for the vendor and vendee.
   - Name: __________________________
   - Phone (_____ ) __________________________
   - Address: __________________________
   - City: __________________________
   - State: __________________________
   - Zip Code: __________________________
   - E-Mail: __________________________

3. **2nd Property owner – Transferrer** Information; (full name(s) from deed for owners)- Information must be provided for every owner of a fee interest. In addition, if the property is subject to a land contract, provide information for the vendor and vendee.
   - Name: __________________________
   - Phone (_____ ) __________________________
   - Address: __________________________
   - City: __________________________
   - State: __________________________
   - Zip Code: __________________________
   - E-Mail: __________________________

4. **APPLICANT Information:** (if not the PROPERTY OWNER)
   - Contact Person’s Name: __________________________
   - Business Name: __________________________
   - Phone (_____ ) __________________________
   - Address: __________________________
   - City: __________________________
   - State: __________________________
   - Zip Code: __________________________
   - E-Mail: __________________________

5. **REQUIRED INFORMATION/ATTACHMENTS** (all must be included)
   - A. **Survey or map that shows** (with corners of the new parcels visibly marked)
   1. Boundaries (as of March 31, 1997), and
   2. All previous divisions made after March 31, 1997 (indicate when made or none),
(3) the proposed division(s), and
(4) Dimensions of the proposed divisions, including area and square footage (excluding any ingress/egress right of way easements), and
(5) Existing and proposed road/easement rights-of-way, and
(6) easements for public utilities from each parcel to existing public utility facilities, and
(7) Any existing improvements (buildings, wells, septic system, driveways, pools, sheds, etc.) and **DISTANCE OF BUILDINGS FROM LOT LINES MUST SHOW ON MAP**
(8) Any of the features checked in part 6 (above)
(9) any cemetery, which is adjacent to, or may have access through this parcel

B. A copy of the proposed Deed(s) with legal descriptions

C. Indication of approval, or permit from County Road Commission or GHT Fire Department, for each proposed new road, easement or shared driveway. Roadway maintenance agreement will be required (provide a copy of Agreement) if the creation of a private road will be part of this application.

D. Evidence of all interest of fee ownership or land contract vendee interest.


F. Certificate from the County Treasurer indicating the last 5 years of property taxes/special assessment have been paid or apportioned by the township.

**Do not record the deed until the transfer is approved!**

___________________________________________________

___________________________________________________

G. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections:

I agree the statements made above are true, and if found not to be true this Application and any approval will be void. Further, I agree to comply with the conditions and regulations of the Land Division Act. Further, I agree to give permission for officials of the municipality, county and the State of Michigan to enter the property where this parcel division is proposed for purposes of inspection to verify that the information on the Application is correct at a time mutually agreed with the Applicant.

Ordinance, the local Zoning Ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996, amended by P.A. 87 of 1997), MCL 560.101, et seq.), and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Signature(s) of Owner(s):

Signature _______________________________ Date: __________________
Signature ___________________________________________ Date: ______________

Signature(s) of Applicant(s): (if not Owner(s))

Signature ___________________________________________ Date: ______________

Signature ___________________________________________ Date: ______________

Reviewer’s Action:

_____ Approved: Conditions (per local ordinance standards), if any: ____________________________

_____ Denied: Reasons (cite§): ________________________________________________________________

______________________________________________________________

Signature: ____________________________ Title: ____________________________ Date: ____________