

East Bay Charter Township

Grand Traverse County

1965 Three Mile Road North
TRAVERSE CITY, MICHIGAN 49696
PH: (231) 947-8647 • FAX: (231) 922-2094

Email: lcoururier@eastbaytwp.org

BOUNDARY ADJUSTMENT APPLICATION

Attached you will find a Boundary Adjustment Application.

Susan Karakos, MAAO, and Leslie Couturier, MiCZA, will review and approve or deny your submission. We recommend that you have your surveyor fill out and submit the application, as three (3) surveys and three (3) new legal descriptions are required, and the process will go more smoothly with one individual being responsible for the completion and submittal of the application.

If you have questions or need further assistance please contact:

Leslie at (231)947-8681/lcoururier@eastbaytwp.org or
Susan at (231)922-4759/skarakos@grandtraverse.org

AFTER RECORDING:
RETURN ORIGINAL TO:
EAST BAY TOWNSHIP
ATTN: ASSESSING
1965 N THREE MILE RD
TRAVERSE CITY MI 49696

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BOUNDARY ADJUSTMENT APPLICATION

Property Owner (Providing Land)

Property Owner (Receiving Land)

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone Number _____

Phone Number _____

Email _____

Email _____

1) Parcel (Providing Land) Information:

- a) Location of parcel to be adjusted (Address/Road Name): _____
- b) Current parcel legal description (Please Attach): _____
- c) Current parcel acreage: _____
- d) Has the parcel previously been divided? _____
- e) Parcel acreage after adjustment: _____
- f) Width of parcel after adjustment: _____
- g) Parcel legal description after adjustment (Please Attach): _____
- h) Parcel Identification Number: _____

2) Parcel (Receiving Land) Information

- a) Location of parcel to be adjusted (Address/Road Name): _____
- b) Current parcel legal description (Please Attach): _____
- c) Current parcel acreage: _____
- d) Has the parcel previously been divided? _____
- e) Parcel acreage after adjustment: _____
- f) Width of parcel after adjustment: _____
- g) Parcel legal description after adjustment (Please Attach): _____
- h) Parcel Identification Number: _____

3) Site Limits (Please indicate if any of the limitations below exist on the parcel)

- ___ Waterfront property (river, lake, pond etc.)
- ___ Wetlands
- ___ Is within a flood plain ___ Includes a beach
- ___ Is on muck soils or soils known to have severe limitations for on site sewage system

4) Attachments (Please include the following attachments and label each attachment appropriately)

a) Surveys of the Parent Parcel, the remainder parcel, the transfer parcel and the parcel as combined, drawn to scale, which includes the following:

- i) Location and dimensions of the land to be conveyed
- ii) Existing and proposed road/easement right-of-way(s)
- iii) Legal description of proposed new road, easement or shared driveway
- iv) Utility easements to new parcel from existing utilities
- v) Any existing improvements (buildings, wells, septic system, driveways, etc.)

b) Proof that all taxes upon the properties have been paid in full.

5) Acknowledgment

The undersigned acknowledges that any approval of this application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. The undersigned agrees that the statements made in this application are true and correct and acknowledges that, if found not to be true, this application and any approval will be void.

Owner signature

Date

Owner Name Printed

Owner signature

Date

Owner Name Printed

_____ Approved: (With conditions below, if any)

_____ Denied: (Please include reasons for denial)

_____ Assessing Dept.; Susan Karakos, MAAO

_____ Zoning Dept.; Leslie Couturier, MICZA

_____ Treasurers Dept.; Tracey Bartlett/Deb Hamilton Township Supervisor; Beth Friend

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE

On the ____ day of _____, 20____, before me, a Notary Public in and for the above state and county, personally appeared Susan Karakos, Leslie Couturier, Beth Friend, and _____ known to me or proved to be the person(s) named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC My Commission Expires: _____

SEAL (below)

STAMP (below)

Prepared by:
When recorded, return to:

Susan Karakos, MAAO/Leslie Couturier, MICZA
East Bay Township Assessor's Office
1965 N. Three Mile Rd. Traverse City MI 49696