

OTSEGO COUNTY LAND USE SERVICES
1322 HAYES ROAD
GAYLORD MI 49735
PHONE: 989.731.7400 * FAX: 989.731.7419
www.otsegocountymi.gov

LOT LINE ADJUSTMENT APPLICATION

1. LOCATION OF PARCELS INVOLVED

A. Location of parcel TRANSFERRING LAND:

Address (If any):			
Parcel Identification Number: - - - -			
Township:	Section:	T _____ N/R _____ W	Zoning District:
Current Lot Width:	Current Lot Size:		
Lot Width After Transfer:	Lot Size After Transfer:		

B. Location of parcel RECEIVING LAND:

Address (If any):			
Parcel Identification Number: - - - -			
Township:	Section:	T _____ N/R _____ W	Zoning District:
Current Lot Width:	Current Lot Size:		
Lot Width After Transfer:	Lot Size After Transfer:		

2. NAMES OF ALL PARTIES

A. Owner of PARCEL TRANSFERRING LAND:

Name:
Mailing Address:
Phone: () -

B. Owner of PARCEL RECEIVING LAND:

Name:
Mailing Address:
Phone: () -

3. PROPERTY SURVEY signed and sealed by a professional surveyor registered in the State of Michigan including the following:

- North arrow, date and scale
- Resulting setbacks front, rear and sides on transferring and receiving property
- Existing parcel boundaries and legal description of transferring and receiving parcels
- Boundaries and legal description of land to be transferred
- Location of existing structures on transferring and receiving parcels

4. CRITERIA FOR ZONING APPROVAL

- A. Both parcels after transfer must meet minimum Zoning standards.
- B. Ratio of lot depth to width shall not exceed four (4) to one (1)
- C. Yard space and off-street parking minimums must be met

5. ATTACHMENTS

- A fee of \$ _____
- A copy of Natural Rivers zoning approval (where applicable)

6. 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.

Signatures of all parties:

OWNER OF PARCEL TRANSFERRING LAND

Signature:	Date:
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OWNER OF PARCEL RECEIVING LAND

Signature:	Date:
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*****FOR OFFICIAL USE ONLY*****

Date Received:	Application Fee:
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APPROVED BY:

Signature:
Printed Name:

DENIED BY:

Signature:
Printed Name:

Reason for Denial:
