

Application for Review and Approval
Property Boundary Line adjustment
Zoning Dept 111 Grand St, Allegan MI 49010 1-800-626-5964

Date Received: _____

Applicant Information:

Name _____

Mailing Address _____

Phone _____ Email: _____

Adjacent Owner Name _____

Mailing Address _____

Phone _____ Email: _____

Property Information:

Property Addresses _____ / _____

Parcel No's _____ / _____

NOTE: A survey or a surveyor's drawing, new legal descriptions, proof of ownership and Allegan County Tax Certification are required to be submitted with this application. The Zoning Administrator will review for all applicable zoning ordinance items, i.e. lot area, lot width, setbacks to structure, etc.

Applicant Signature & Date

Adjacent Owner Signature & Date

Submit completed application to: MTS 111 Grand Street, Allegan MI 49010
email mtsallegan@frontier.com phone 1-800-626-5964

☐ **Approval** ☐ **Denial** Reason for denial _____
of above stated application Boundary Line Adjustment

Zoning Administrator Signature

Date

NOTE: This application is step one of the Boundary Line Adjustment process. Step two is preparing the deed and recording it at the County Register of Deeds.

Office Use: copy to applicant _____ copy to assessor & county _____
Date Date