

LAND DIVISION/LOT LINE ADJUSTMENT FORM

PO Box 98
Saint Johns MI 48879
989-292-4267 fax
cszservices30@gmail.com

APPLICANT: NAME: _____
ADDRESS: _____
PHONE: _____

OWNER: NAME: _____
ADDRESS: _____
PHONE: _____

PARENT PARCEL #: _____

PARENT PARCEL ADDRESS: _____

IS THE PARENT PARCEL OR ANY PORTION OF THE PARENT PARCEL IN PA 116 ? _____

**** NEED TO PROVIDE PAPERWORK FOR RELEASE OF PA 116 *****

IS THERE ANY MORTGAGES OR LIENS ON THE PARENT PARCEL ? _____

WHAT LENDER OR TYPE OF LIEN ? _____

How far from lot lines are outbuildings ?

North line _____ South line _____ West line _____ East line _____

SIGNATURE OF OWNER OR APPLICANT: _____

DATE: _____

APPROVAL OF THIS APPLICATION IS NOT A DETERMINATION THAT THE
RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS

DO NOT WRITE BELOW THIS LINE

Application completion date _____

Fee: \$35.00 for 1 new parcel: \$10.00 for each new additional parcel

Application Fee Received; Date _____ Amount _____ Check # _____

Taken by _____

APPROVED

Contingent on _____

DENIED

Due to _____

ASSESSOR _____ DATE _____

ZONE DISTRICT: _____

ZONING
ADMINISTRATOR _____ DATE _____

OUTSTANDING TAXES: _____

TOWNSHIP TREASURER _____ DATE _____