OTSEGO COUNTY LAND USE SERVICES
225 W MAIN ST
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
D. Tax certification for all properties involved – Additional fees apply

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:**

OWNER OF PARCEL RECEIVING LAND

Signature:	**Date:**

***By signing this application, you attest to the following:
I attest that all information submitted in this application to be true; if not, application may be revoked
I agree to comply with zoning requirements and any conditions placed on this permit
Permission is granted to any official of the municipality, county and/or state to enter the property for purpose of gathering information concerning this application and/or inspections.

******FOR OFFICIAL USE ONLY******

Date Received:	**Application Fee:**
APPROVED BY:	
Signature:	
Printed Name:	

DENIED BY:
Signature:
Printed Name:
Reason for Denial: