

For Office Use Only: # of Adjustments _____
Name: _____
FEE Amount: \$_____ Date Approved: _____

VEVAY TOWNSHIP LOT LINE ADJUSTMENT

You **must** answer all questions and include all attachments, or this form will be returned to you. Bring or mail to **VEVAY TOWNSHIP**, 780 Eden Road, Mason MI 48854, 517-676-9523.

1. PROPERTY OWNER INFORMATION

Property Owner's Name: _____

Address: _____

Phone: _____ Zip Code: _____

Email: _____

2. PROPOSED ADJUSTMENT(S):

A. Parcel Numbers: 33-10-10-____-____-____ and 33-10-10-____-____-____

B. Intended use (residential, commercial, etc.) _____

C. Each proposed parcel, if ten (10) acres or less, has a depth to width ratio not to exceed 4 to 1.

D. Each parcel has a width of _____ (not less than required by ordinance).

E. Each parcel has an area of _____ (not less than required by ordinance).

F. The adjustment of each parcel provides access as follows: (check one)

a) Each new adjustment has frontage on an existing public road.

Road Name _____

b) A new public road, proposed road name _____

G. Describe or attach a legal description of any proposed new road, easement or shared driveway.

H. Driveway Permit (if applicable): Issued at the Ingham County Road Department.

3. ATTACHMENTS

A. Drawn to scale, attached an existing and proposed survey of desired lot line adjustment(s); and

B. Proof of Ownership (Property Deed) (may be requested).

4. AFFIDAVIT: Attesting to:

I agree by signing this form, Vevay Township shall process the lot line adjustment (s) as stated above; and,

I agree to allow Vevay Township Officials to enter the property for inspection(s); and,

I agree the statements made above are true and if found not to be true this application and any approval will be void; and,

Finally, I agree to record the lot line adjustment(s) with the Register of Deeds.

Parcel Owner's Signature: _____ Date: _____

Parcel Owner's Signature: _____ Date: _____

Signature: _____ Date: _____

