

Township of Arcadia
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**Barbie Eaton Administrator of
Land Division, Combination, and
Boundary Adjustment Ordinance**
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**APPLICATION FOR APPROVAL OF LAND BOUNDARY LINE
ADJUSTMENT PURSUANT TO TOWNSHIP OF ARCADIA LAND
DIVISION, COMBINATION, AND BOUNDARY ADJUSTMENT
ORDINANCE**

Application # _____ Date filed _____

Non-Refundable Application Fee: \$100.00.

Note: this application form must be filled out completely and filed with all required attachments/information, with payment of the application fee, before the application can be processed.

Applicant Information

Name

Mailing street address

Preferred telephone number

City, State, Zip

Alternate telephone number (optional)

e-mail address

Property owner Information (if not applicant)

Name

Mailing street address

Preferred telephone number

City, State, Zip

Alternate telephone number (optional)

e-mail address

Property Information

- Total acreage of parent parcel/parent tract (3-31-1997) _____
- Total acreage of all previous divisions of parent parcel/parent tract _____
- Street address of subject property _____
- Official identification numbers of parcels for a proposed boundary line adjustment _____
- Check this box if the property is subject to a “PA 116” farmland development rights agreement, or other similar agreement or deed restrictions.

**Additional Information required to be included with application
(to the extent applicable to the proposed boundary line adjustment)**

- A. Evidence of land title sufficient to establish the parent parcel/parent tract which is the subject of the proposed boundary line adjustment was lawfully in existence on March 31, 1997.
- B. An adequate and accurate legal description of each parcel proposed to result from the boundary line adjustment.
- C. A tentative parcel map, drawn to an identified scale, showing all of the following with respect to each parcel proposed to result from the boundary line adjustment:
 1. Dimensions (in feet) of all parcel lines.
 2. Area (in square feet or acreage, as most applicable).
 3. Parcel boundary lines.
 4. Public utility easements.
 5. Accessibility (an area where an existing easement or a driveway will provide vehicular access to an existing road or street, meeting all applicable location standards of the Manistee County Road Commission or Michigan Department of Transportation, as applicable). **Attach copy of any issued driveway permit.** Include street/road names, including name of any applicable private road.

Note: if any proposed boundary-adjusted parcel will be accessed by a private road, the private road must be approved pursuant to applicable provisions of the Township of Arcadia Zoning Ordinance (Ordinance No. 001-2005, as amended or superseded) and, as applicable, the Township of Arcadia Plat and Condominium Subdivision Development Ordinance

(Ordinance No. 164, as may be amended or superseded) before building permits/zoning compliance permits can be issued.

6. The location of all existing buildings and structures, and the distances (in feet) from the buildings/structures to all existing and proposed parcel boundary lines. Note: This applies to wells and septic systems, as well as buildings and other structures.

Note: if the Administrator determines any of the content required by items 1-6 above is not adequately or accurately shown on the tentative parcel map, the Administrator may require the initial filing to be supplemented with an adequate and accurate tentative parcel map, or with a survey prepared by a surveyor licensed by the State of Michigan, in the reasonable discretion of the Administrator.

7. The location and identification of any lake or other watercourse, wetland, floodplain, or county drain (to evaluate implications of any statutory or ordinance requirement on a parcel proposed for building development).

- D. One of the following with respect to the status of property taxes and special assessments due on the property subject to the proposed division for the five years preceding the date of the application:

1. A certificate from the County Treasurer certifying all such property taxes and special assessments have been paid.
2. A statement by the Assessor that all such property taxes and special assessments that have not been paid have been apportioned by the Assessor as provided by MCL 211.53, and are a lien against the subject property as apportioned by the Assessor and shall be collected as required by law.

- E. Such additional information as may be reasonably required by the Administrator to make a determination on the application pursuant to the applicable requirements of the Township of Arcadia Land Division, Combination, and Boundary Adjustment Ordinance (Ordinance No. 178, as may be amended or superseded) and the Michigan Land Division Act; including, where applicable, information pertaining to a proposed transfer of division or development rights.

Note: the filing of this application constitutes permission for the Administrator or the designee of same to enter the subject property without prior notice for purposes of inspection to verify the information on this application.

If this application is approved, and the approved boundary adjustment is implemented, I understand such approval is only a determination that the boundary line adjustment complies with the applicable requirements of the Township of Arcadia Land Division, Combination, and Boundary Adjustment Ordinance, and is

not a determination that the resulting parcels comply with other applicable ordinances or regulations pertaining to the use or development of the parcels to be filed with the Township.

I also understand the approval of the boundary line adjustment is not a determination or representation with respect to the potential issuance of a building permit or applicable approvals of a water supply and sewage disposal system for any resulting parcel.

If the application is approved, and the approved boundary line adjustment is implemented, I understand it is my responsibility to contact the Assessor of the Township of Arcadia or his/her designee for assignment of an address for each resulting new parcel; and it is also my responsibility to arrange for the appropriate deeds or other intended instruments of conveyance of property for which this application is approved to be executed within 90 days from the date of approval, and filed with the Township and recorded with the Manistee County Clerk/Register of Deeds as required by law within 21 days after such instrument is executed.

Review and approval or disapproval of this application is dependent on the accuracy of the information provided by the applicant. An application approved based on inaccurate or false information shall be null and void. Further, any boundary line adjustment created in noncompliance with the Ordinance shall not be recognized on the Township real property assessment and taxation records, or zoning records, and shall be subject to such other consequences as may be provided by law.

I certify the truth and accuracy of this application, including the information stated on this application form, the tentative parcel map, and any other supplemental information submitted with respect to this application.

Date _____

Signature of applicant

FOR ADMINISTRATOR AND TOWNSHIP OFFICE USE ONLY

I have reviewed this application and informed the Administrator of any zoning-related issues.

Date: _____

Zoning Administrator

Note to Administrator: check either box A or box B below.

- A. The application is approved, as I have determined all the following requirements are met:
1. The applicant has filed a complete application pursuant to the applicable requirements of Section 5/9.B. of the Land Division, Combination, and Boundary Adjustment Ordinance.
 2. The proposed boundary line adjustment will not violate any provision of the Land Division Act.
 3. The proposed boundary line adjustment will not cause any existing parcel that is a conforming parcel under the Township Zoning Ordinance to become nonconforming under that ordinance, and will not cause any existing nonconforming parcel under that ordinance to become more nonconforming.
- B. The application is disapproved, because the application does not meet one or more of the requirements specified above for approval (indicate as applicable items A.1-3):

Date: _____

Administrator