



City of Albion
Planning Department
112 West Cass Street
Albion, MI 49224

(517) 629-7189
FAX (517) 629-7454

LOT LINE ADJUSTMENT APPLICATION

Fee: \$55.00.

APPLICANT NAME _____

ADDRESS _____

DAYTIME PHONE NUMBER _____

PROPERTY OWNER (if different than applicant) _____

ADDRESS _____

DAYTIME PHONE NUMBER _____

PARCELS INVOLVED WITH ADJUSTMENT

ADDRESS _____ PARCEL 51- _____ - _____ - _____

ADDRESS _____ PARCEL 51- _____ - _____ - _____

A certified survey, sealed by a professional land surveyor of the land division is required for parcels that have never been platted or legally described.

Affidavit and permission to enter property for inspection: I agree the statements made herein are true and if found not to be true, this application and any approval will be void. Further, I agree to comply with the conditions and regulations provided with this parent parcel division. I give permission for City officials to enter the property for the purposes of inspection to verify the information contained in this application at a time mutually agreed with the applicant and/or property owner. I understand that approval of this application by the City does not convey any rights in the building code or municipal zoning ordinance and that any development which may occur as a result of this land division is subject to applicable regulations which may apply at the time a zoning and/or building permit is requested.

Signature of Property Owner _____ Date _____

CITY PLANNING DEPARTMENT USE ONLY

Date Received: _____

____ Approved without conditions
____ Conditional approval pending submittal of certified survey map
____ Approval with following conditions: _____

____ denied (reason/s): _____

Signature of Designated Official: _____ Date of Approval _____

FOR CONDITIONAL APPROVAL PENDING SUBMITTAL OF CERTIFIED SURVEY MAP

Date Certified Survey Map Received:

Designated Official Signature _____ Date of Approval _____