



Planning Department
319 N Lake Street
Boyne City, MI 49712

Land Division/ Reconfiguration Application

PERMIT NUMBER _____

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s): _____ E-mail: _____

Property Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip-Code: _____

Phone Number (s): _____

Parent Parcel Location: Street Address: _____

Property ID Number: 15-015-

Request is for: Parcel Division Lot Reconfiguration

Zoning District: _____ Present Parcel Size: _____

Parcel Area to be Reconfigured or Divided from Parent Parcel: _____ Parcel Area of Remainder _____

Number of New Parcels Created _____ Number of Divisions Conveyed _____ Previous Divisions _____

Access to New Parcel Provided by: Existing Road Existing Easement New Road New Easement

Applicant (Printed Name) Signature Date

Property Owner (Printed Name) Signature Date

- The following must be submitted with the application form and fee prior to consideration of final approval:
- One copy of proof of ownership of parent parcel including legal description.
 - One copy of a certified survey of the proposed parcel division or lot reconfigurations and remaining parent parcel.
 - One copy of the proposed legal descriptions of the proposed parcel division or lot reconfiguration and remaining parcel.

APPROVED DENIED Township Assessor Date

APPROVED DENIED Zoning Administrator Date