



Parcel #: 61-____-____-____-____

Owner: _____

Contiguous Parcel #: 61-____-____-____-____

Boundary Adjustment Application

For Contiguous Transfer of Land Only

You MUST answer all questions, include survey and all attachments or application will be considered invalid.

Land divisions, boundary adjustments, and combinations WILL NOT TAKE EFFECT until the calendar year following the approval of such requests.

This form must be filed with our office before the transfer of the property(s).

On the lines below, fill in where you would like the form sent after the review has been completed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

1. LOCATION of parent parcel to be divided

Address: _____

Parcel #: _____

Legal description of parent parcel prior to adjustment (Must Attach Survey):

(If additional space is needed, please attach page to application and label "Before Adjustment".)

MUSKEGON County *equalization*

Legal descriptions of parent and adjoining parcels involved after adjustment (Must Attach Survey):

(If additional space is needed, please attach page to application and label "After Adjustment".)

2. PROPERTY OWNER information:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

3. APPLICANT or AGENT information (If different than property owner):

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

4. PROPOSAL

Describe the transfer being proposed:

- A. Intended Use (Residential, Commercial, Industrial, etc.) _____
- B. ATTACH new descriptions for the contiguous parcel AND surveys INCLUDING the locations of buildings and private utilities for BOTH PARCELS



5. MORTGAGE

If any parcel involved is encumbered by a mortgage, the mortgage company **MUST** be notified. Please attach notification.

6. DEED

Under certain circumstances, a deed for each parcel for which the description is altered due to the boundary adjustment may need to be submitted to the Assessor's Office before final approval will be given.

AFFIDAVIT and PERMISSION for municipal, county, and state officials to enter the property for inspections:

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

Further, I agree to give permission for officials of the municipality, county, and State of Michigan to enter the property where this contiguous transfer is proposed at a time mutually agreed with the applicant for purposes of inspection to verify that the information on this application is correct.

Further, I understand that all existing special assessment(s) will remain with the parent parcel. Paving assessments must be paid in full before any boundary adjustments are approved.

Finally, I understand that this boundary adjustment will not be approved if it does not meet the current zoning standards.

Property Owner's Signature(s): _____ Date: _____

Signature _____ Date: _____

Applicant's Signature: _____ Date: _____

Adjoining Parcel Owner Signature(s): _____ Date: _____

Signature _____ Date: _____

Zoning Administrator's Approval: _____ Date: _____

Assessor's Approval: _____ Date: _____



Tony Moulatsiotis
Muskegon County Treasurer
173 E. Apple Ave., Ste 104
Muskegon, MI 49442
Phone: (231) 724-6261

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, and Zip: _____

Property Address: _____

Property City, State, and Zip: _____

Parcel ID Number: _____

Attach a description of the parcel to be divided.

CERTIFICATION DENIED

The Muskegon County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

CERTIFICATION APPROVED

Pursuant to House Bill 4055, the Muskegon County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the local tax collecting unit.

EXCEPTION: This certification being subject to any Board of Review, Tribunal, and / or Principal Resident Exemption denial.

DATED ON OR AFTER MARCH 1st

The current year tax information is not available at this time.

Certified by: _____

Date Certified: _____