

Conway Township

8015 N. Fowlerville Road
PO Box 1157
Fowlerville MI 48836

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zoningadmin@ConwayMI.gov



APPLICATION FOR BOUNDARY LINE ADJUSTMENT

Name:	Date:
Address:	
Phone:	
Email:	

Property Owner Information:	
Name:	Address:
Phone Number:	Zip Code:
Email:	

Location of parcels to be adjusted:
Address:
Parcel Number(s)
Legal Description(s) (Describe or Attach)

Proposed Adjustments to include the following:
Number of parcels to be adjusted

Fee: _____ (Check fee schedule)

Acknowledgment

The undersigned acknowledges that any approval of the within application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved boundary adjustment(s) are subject to such changes that may occur before the recording of the adjustment or the development of the parcels.

Property Owner or Authorized Representative's Signature:

Date:

Witness of Signature

State of _____

County of _____

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public

Commission Expiration Date of Notary Public

Property Owner or Authorized Representative's Signature: _____ Date:

Witness of Signature

State of _____

County of _____

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public

Commission Expiration Date of Notary Public

For Township use only:

Application Completed Date: _____ *Approval Date:* _____

Signature: _____

Denial Date: _____ *Reason for denial:* _____

Fee \$ _____
Escrow \$ _____
Date \$ Received: _____
Check #: _____

Administration Fee: \$125