

HOWARD CHARTER TOWNSHIP LINE ADJUSTMENT APPLICATION

1345 Barron Lake Rd Niles Michigan 49120 County of Cass
phone: (269) 684-0072 fax: (269) 684-6181

Assessor: Shalice Northrop Office Hours: 9am-noon on Wednesdays
To contact Assessor call cell: (269) 587-0208 or email: shalicen@gmail.com

\$200.00 per Line Adjustment (nonrefundable fee)

OFFICE USE ONLY

Amount Paid _____ by: cash _____ check # _____ Date received _____ Initials _____

Number of Line Adjustments _____ Zoning District _____

Approved _____ Denied _____ Assessor _____ Date _____

Reason for Denial _____

Approved _____ Denied _____ Zoning Administrator _____ Date _____

Reason for Denial _____

*ALL questions MUST be answered and ALL attachments MUST be supplied for application to be considered
application instructions are listed on page 2*

Date _____

Parcel Number(s) for Adjustment:

14-020- _____ 14-020- _____ 14-020- _____

14-020- _____ 14-020- _____ 14-020- _____

Applicant/Property Owner(s) Name and Parcel Number:

Name: _____ Parcel #14-020- _____

Address: _____

City, State, Zip _____ Phone: _____

Purchaser/Property Owner(s) Name and Parcel Number:

Name: _____ Parcel #14-020- _____

Address: _____

City, State, Zip _____ Phone: _____

Howard Charter Township Line Adjustment Application

AFFIDAVIT

I agree that the statements made above are true and I agree to comply with the conditions and regulations provided with this line adjustment division. Further, I agree to give permission for officials of the township and county to enter the property where this line adjustment is proposed for purposes of inspection. Finally, I understand this is only a line adjustment which conveys only certain rights under the applicable local zoning ordinances and the State Subdivision Control Act and does not include any representation or conveyance of right in any other statute, building code, zoning ordinance, deed restriction, or other property rights.

Applicant/Property Owner(s) Signature:

_____ Date: _____
_____ Date: _____

Purchaser/Property Owner(s) Signature:

_____ Date: _____
_____ Date: _____

Line Adjustment Application Instructions – application must be complete for review

Submit the following for review:

- Completed application
- Certified survey showing all current boundaries and proposed boundaries or line adjustment with dimensions
- Legal descriptions for all proposed line adjustments
- Completed Request to Combine form, if applicable
- All deeds representing the approved divisions, partitions are recorded with the County Register of Deeds office
- Mail or return original application to the Township office