



# **East Bay Charter Township**

Grand Traverse County

1965 Three Mile Road North  
TRAVERSE CITY, MICHIGAN 49696  
PH: (231) 947-8647

## **BOUNDARY ADJUSTMENT APPLICATION**

**Attached you will find a Boundary Adjustment Application.**

**The Assessor and the Zoning Administrator will review and approve or deny your submission. We recommend that you have your surveyor fill out and submit the application, as three (3) surveys and three (3) new legal descriptions are required, and the process will go more smoothly with one individual being responsible for the completion and submittal of the application.**

**If you have questions or need further assistance, please contact:**

**Zoning Administrator at (231) 947-8681 x3  
Email: [zoning@easwtbaytwp.org](mailto:zoning@easwtbaytwp.org)**

**The Assessor at (231) 947-8647  
Email: [assessor@eastbaytwp.org](mailto:assessor@eastbaytwp.org)**

AFTER RECORDING:  
RETURN ORIGINAL TO:  
EAST BAY TOWNSHIP  
ATTN: ASSESSING  
1965 N THREE MILE RD  
TRAVERSE CITY MI 49696

## East Bay Charter Township

Grand Traverse County

1965 Three Mile Road North  
TRAVERSE CITY, MICHIGAN 49686  
PH: (231) 947-8647 • FAX: (231) 922-2094

### BOUNDARY ADJUSTMENT APPLICATION

Property Owner (Providing Land)

Property Owner (Receiving Land)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

#### 1) Parcel (Providing Land) Information:

- a) Location of parcel to be adjusted (Address/Road Name): \_\_\_\_\_
- b) Current parcel legal description (Please Attach): \_\_\_\_\_
- c) Current parcel acreage: \_\_\_\_\_
- d) Has the parcel previously been divided? \_\_\_\_\_
- e) Parcel acreage after adjustment: \_\_\_\_\_
- f) Width of parcel after adjustment: \_\_\_\_\_
- g) Parcel legal description after adjustment (Please Attach): \_\_\_\_\_
- h) Parcel Identification Number: \_\_\_\_\_

**2) Parcel (Receiving Land) Information**

- a) Location of parcel to be adjusted (Address/Road Name): \_\_\_\_\_
- b) Current parcel legal description (Please Attach): \_\_\_\_\_
- c) Current parcel acreage: \_\_\_\_\_
- d) Has the parcel previously been divided? \_\_\_\_\_
- e) Parcel acreage after adjustment: \_\_\_\_\_
- f) Width of parcel after adjustment: \_\_\_\_\_
- g) Parcel legal description after adjustment (Please Attach): \_\_\_\_\_
- h) Parcel Identification Number: \_\_\_\_\_

**3) Site Limits** (Please indicate if any of the limitations below exist on the parcel)

- \_\_\_ Waterfront property (river, lake, pond etc.)
- \_\_\_ Wetlands
- \_\_\_ Is within a flood plain \_\_\_ Includes a beach.
- \_\_\_ Is on muck soils or soils known to have severe limitations for onsite sewage system.

**4) Attachments** (Please include the following attachments and label each attachment appropriately)

**a) Surveys of the Parent Parcel, the remainder parcel, the transfer parcel, and the parcel as combined, drawn to scale, which includes the following:**

- i) Location and dimensions of the land to be conveyed.
- ii) Existing and proposed road/easement right-of-way(s)
- iii) Legal description of proposed new road, easement, or shared driveway
- iv) Utility easements to new parcel from existing utilities
- v) Any existing improvements (buildings, wells, septic system, driveways, etc.)

- b) Proof that all taxes upon the properties have been paid in full.

**5) Acknowledgment**

The undersigned acknowledges that any approval of this 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. The undersigned agrees that the statements made in this application are true and correct and acknowledges that, if found not to be true, this application and any approval will be void.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Name Printed

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Name Printed

\_\_\_\_\_ Approved: (With conditions below, if any)

\_\_\_\_\_ Denied: (Please include reasons for denial)

\_\_\_\_\_  
**Assessing Dept.;** \_\_\_\_\_  
Susan C. Karakos, MMAO

\_\_\_\_\_  
**Zoning Dept.;** \_\_\_\_\_  
William Vandercook

\_\_\_\_\_  
**Treasurers Dept.;** \_\_\_\_\_  
Tracey Bartlett and/or Deb Hamilton

\_\_\_\_\_  
**Township Supervisor;** \_\_\_\_\_  
Beth Friend

**STATE OF MICHIGAN  
COUNTY OF GRAND TRAVERSE**

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for the above state and county, personally appeared Susan C. Karako, Assessor, William Vandercook, Zoning Administrator, and Beth Friend, Supervisor known to me or proved to be the person(s) named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires: \_\_\_\_\_

**SEAL (below)**

**STAMP (below)**

**Prepared by**  
**When recorded, return to:**

**Assessing Department**  
**East Bay Township Assessor's Office**  
**1965 N. Three Mile Rd. Traverse City MI 49696**