

CASCO TOWNSHIP

7104 107th Ave.

South Haven, Michigan 49090

Phone - 269/637-4441 Fax- 269/639-1991

Application for Review and Approval of a Boundary Line Adjustment

1. Applicant Information:

Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____

2. Property Information:

Address: _____

List all current Parcel #'s : 0302- _____ - _____ - _____ ; _____

Do you own the parcel? Yes _____ ; No _____ ; Current Zoning _____

3. Engineer or Surveyor Information(if required):

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____ License # _____

Applications with completed survey and other required information must be filed with the Township Clerk at the Township Office at least 30 days before the scheduled Board meeting. By signing this application, I agree to pay all applicable fees and costs associated with the Boundary Line review process and will provide all information requested.

Applicant Signature _____ Date _____

APPROVAL OF BOUNDARY LINE ADJUSTMENT

If the boundary line adjustment is within a platted subdivision, the Township Board must approve the change at a formal meeting; metes and bounds adjustments may be approved by the Zoning Administrator/Land Division Coordinator administratively.

The boundary line adjustment stated in the above application is hereby _____ approved _____ denied after review by the _____ Township Board _____ Zoning Administrator.

Date

Name /Title

For Office Use: Date Rec=d: _____ ; Fee Rec=d _____ ; Fee Amt. _____ Hearing Date _____