

LAND COMBINATION or BOUNDARY LINE ADJUSTMENT APPLICATION

Parent Parcel Number 0320			
See the Saugatuck Township Consolidated Fee Schedule for appropriate application fees.			
Applicant should complete all of the following information, significant of Suilding Official either in person, by mail, or by email: <a "active"="" becomes="" href="mailto:cosman@</td><td>-</td></tr><tr><td>Boundary line adjustments & land combinations include complethe Township Board must approve, or an adjustment of a lot line administratively approved by the Zoning Administrator.</td><td></td></tr><tr><td>Please note that the status of your application is " it="" official="" once="" pending"="" reaches="" review<="" td="" the="" whapplication=""><td></td>			
TOWNSHIP CONTACTS			
Building Official/Asst. Zoning Administrator: Cind	dy Osman		
email: cosman@saugatucktownshipmi.gov			
phone: 269-857-7721, ext. 108			
Assessor: Kelly Jellison			
email: Kelly@assessingsolutions.com			
phone: 269-857-7721 Ext. 107			
Saugatuck Township Fire District: Dep Chief Chris Mantels			
email: inspections@saugatuckfire.org			
phone: 269-857-3000			
APPLICANT & OWNER CONTACT INFORMATION			
Applicant Name:			
Mailing Address:			
City:			
Email:	Phone:		
Property Owner Name:	Phone:		
Mailing Address: Road Name	ne:		
City:	State Zip		

Phone:



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Applicant Information: (If not proper	ty owner)	
Contact Persons Name:	Business Nam	ne:
Address:	Road Name:	Phone:
City:	State:	Zip:
Email:		
Parent Parcel Number 0320-		(List all parcels if Parent Tract)
Address:	Road Name:	
to be combined/adjusted with		
Parent Parcel Number 0320-	<u>-</u>	(List all parcels if Parent Tract)
Address:	Road Name:	
Attachments: (All attachments must	be included for application to be co	omplete)
\square Application fee of \$		
☐ Copies of property legal des	criptions requestion to combine/ad	just and map.
☐ Copies of recorded deed to p	prove ownership.	
Owners/Agent Signature:		Date:
Approved:		Date: