



Assessing Department
12803 S. Wacousta Rd., Grand Ledge, MI 48837
517-626-6593
www.watertownmi.gov

Lot Line Adjustment or Combination Application

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Application for a lot line adjustment or combination is not a determination that the resulting parcel(s) comply with other ordinances and regulations.

Property Owner _____
Address _____
City/State/Zip _____
Phone _____ E-mail _____

Applicant Name _____
Address _____
City/State/Zip _____
Phone _____ E-mail _____
Relationship to Owner _____

Parcel numbers to be adjusted or combined:

19-150- _____ 19-150- _____
19-150- _____ 19-150- _____

Lot Line Adjustment Required Attachments:

- Completed application
- Survey, including location of existing structures or land improvements
- Legal descriptions to the affected parcel(s)

Lot Combination Required Attachments:

- Completed application
- Legal descriptions of affected parcel(s)

Recommended Attachment:

- Survey, including legal description of the affected parcel(s)

Staff use only:

Case Number _____ Date Filed _____ Fee _____ Receipt # _____

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State of Michigan}
} SS
County of Clinton}

Affidavit

The affiant is the _____, (owner, lessee, authorized agent, specify other) agree the adjustment or combination statements made above are true, and if found not true this application and my approval will be void. Further, I agree to comply with the conditions and regulations provided with this parcel adjustment or combination. Further, I agree to give permission for officials of the municipality, county, and the State of Michigan to enter the subject property for purposes of inspection to verify accuracy of the information contained in this application. Finally, I understand this is only a parcel adjustment or combination which conveys only certain rights the under the applicable local land division ordinance, the Watertown Township Zoning Ordinance, and the State Land Division Act (P.A. 288 of 1967, as amended adjustment or combination, particularly by P.A. 591 of 1996 – MCL 560.101 et. seq.)

Applicant Signature

Date

Notary Signature

Date

Subscribed and sworn to me this _____ day of _____ 20____

My Commission Expires _____