

# Hutson Assessing Inc.

Dale Hutson, Land Division Official  
(269) 432-2834

60450 Farrand Rd. Colon, MI 49040

## BOUNDARY CHANGE APPLICATION

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

1. Name of property owner(s) \_\_\_\_\_  
(If different than Applicant) \_\_\_\_\_  
\_\_\_\_\_
2. Parcel ID Numbers 75- \_\_\_\_\_, 75- \_\_\_\_\_  
Additional Parcels: \_\_\_\_\_, \_\_\_\_\_
3. Zoning District(s): \_\_\_\_\_
4. A certified professional map drawn to scale of the proposed boundary change(s) of all affected parcels to include:
  - a. The dimensions with calculated area.
  - b. The location of all existing structures and other land improvements in relation to new and existing lot lines for all parcels affected by this change.
  - c. The location of public utility easements.
  - d. The accessibility of the parcels for vehicular traffic from existing or proposed new roads.
  - e. The accessibility of the parcels for public utilities from existing or proposed new roads.
5. Legal description of the parcels whose boundaries are changing.
6. Attach a detailed explanation of proposed changes.
7. Fee must be included.

I hereby grant permission for the Township's Land Division Official, Zoning Administrator and/or Asst. Administrator to enter the above described property for the purposes of gathering information related only to this application. I also certify that I will abide by all regulations of the Township's Ordinance and other applicable Laws and Requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
email

----- Don't write below this line! -----

Site Plan # \_\_\_\_\_

Fee Provided: \_\_\_\_\_

Check payable to: Hutson Assessing Inc.

Mail to: 60450 Farrand Rd.

Colon, MI 49040

Check # \_\_\_\_\_

Date Received: \_\_\_\_\_

Phone #269-432-2834