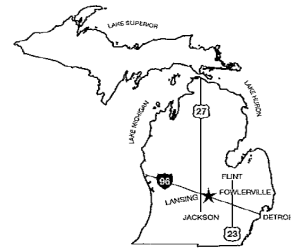


Village of Fowlerville

213 S. Grand Avenue
 Fowlerville, Michigan 48836
 Phone (517) 223-3771 Fax (517) 223-7435
 www.fowlerville.org



Permit # _____

APPLICATION FOR LAND CONSOLIDATION

To be completed by applicant:

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____ EMAIL: _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

PROPERTY TAX ID(s) #: _____

PROPERTY OWNER PHONE #: _____

EXISTING ZONING: _____

ATTACHED LEGAL DESCRIPTION: YES NO

BOUNDARY SURVEY (Including all dimensions of the property submitted): YES NO
 If no, survey must be submitted prior to issuance of Land Consolidation Permit.

IS A VARIANCE NEEDED (To conform to the zoning ordinance requirements): YES NO
 If yes, variance(s) must be obtained prior to issuance of Land Consolidation Permit.

District Regulation	Zoning District Requirements	Provided	Complies/Does Not Comply
Minimum Lot Area			
Minimum Lot Width			
Maximum Height			
Minimum Front Yard Setback			
Minimum Side Yard Setbacks			
Minimum Rear Yard Setbacks			

LAND CONSOLIDATION GUIDELINES

The applicant will need the following items to bring to the Village prior to the issuance of the Land Consolidation:

- Proof of ownership of property or authorization as an agent for owner of the property (or a copy of your tax bill is sufficient as proof of ownership)
- Boundary Survey of any existing building footprint(s) and streets, with dimensions and setback distances.
- All necessary permits and approvals from other governing bodies completed prior to moving forward and a Land Division Application (i.e. Livingston County Building Department or Department of Environmental Quality, etc.)

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney, or others related to the review of my application. By signing this agreement, I hereby agree to pay any additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

PROPERTY OWNER NAME: _____ DATE: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

VILLAGE OFFICIAL SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

DATE APPLICATION FILED: _____ DATE FEE PAID: _____

Fee Amount: \$100

ZONING ADMINISTRATOR APPROVAL: _____

APPROVED OR DENIED

REASON IF DENIED: _____

TOWNSHIP ASSESSOR: _____ DATE: _____

ASSIGNED PARCEL NUMBER: _____

PLEASE NOTE: Processing of a land use permit is normally completed within 5 business days but may be extended by the Zoning Administrator if necessary.