



Exempt Land Transfer-Boundary Line Change Request

Grantor's Name: _____

Grantor's Address: _____

Email Address: _____

Telephone # () _____

Grantee's Name: _____

Grantee's Address: _____

Email Address: _____

Telephone# () _____

Parcel Number 41-15- _____

Property Address: _____

Parcel Number 41-15- _____

Property Address: _____

Please attach copies of the Original Property Descriptions requesting to be re-aligned. Attach copies of newly created parcel descriptions for each parcel involved in the boundary line change. The number of divisions of parent land/tract/parcel is not affected due to re-alignment of the boundaries.

Grantor Signature: _____ Date: _____

Grantee Signature: _____ Date: _____

Approved by Assessor: _____ Date: _____

Approved by Zoning Administrator _____ Date: _____

APPLICATION FEE: \$100.00

TO BE COMPLETED BY THE ADA TOWNSHIP PLANNING DEPARTMENT

Application received: _____ by: _____

Application fee of \$ _____ received: _____ by: _____ Check No: _____

Receipt No: _____

Updated 08/14/2023 (f:/users/planzone/app&forms/app templates)