

ALCONA COUNTY
Department of Equalization
P.O. Box 322
Harrisville, MI 48740
(989) 724-9430 or Fax (989) 724-9439

Lot Line Adjustment & Boundary Agreement

This application must be completed in the entirety by all property owners and submitted to the Equalization Department with all necessary attachments. The adjacent property owner **MUST** also sign below to request that the divided portion be combined with his/her/their parcel.

First Owner Information

Owner Name/s: _____ Phone(____)____ - _____
_____ Phone(____)____ - _____
Owner Address: _____

Property Information

Property Tax ID # _____ - _____ - _____ - _____ - _____ Acreage#: _____
Property Address: _____

Second Owner Information

Owner Name/s: _____ Phone(____)____ - _____
_____ Phone(____)____ - _____
Owner Address: _____

Property Information

Property Tax ID # _____ - _____ - _____ - _____ - _____ Acreage#: _____
Property Address: _____

Please describe requested lot line adjustments:

There are several required attachments that **MUST** be submitted with this application

_____ Check payable to the Alcona County Treasurer for Tax Certification &
Tax Payment Certification Form Completed for each parent parcel.
\$5.00 Per Parent Parcel

_____ Check payable to Alcona County Equalization Department for \$50.00
This is a non-refundable application fee.

_____ Scaled map &/or survey including:
Current Property Boundaries
Requested Line Adjustment
Location of all buildings, well, septic, driveways, etc.

_____ Legal Descriptions for:
Lot line adjustment
Each Parent Parcel after lot line adjustments

_____ Quit Claim Deeds
A deed(s) must be completed conveying the lot line adjustment
Document numbers of each deed

ALL PROPERTY TAXES AND SPECIAL ASSESMENTS MUST BE PAID IN FULL

The owner's have read and completed this application in its entirety and have attached all required documentation.

First Owner Signature: _____ **Dated:** _____

Second Owner Signature: _____ **Dated:** _____

Office Use Only!!

Date Application Received _____
Is Application complete with all Attachments Yes - No

Received By: _____

**ALCONA COUNTY
DEPARTMENT OF EQUALIZATION
P.O. Box 322
Harrisville, MI 48740
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Lot Line Adjustment Pro-Ration Acknowledgement

I understand and acknowledge that the lot line adjustment applied for and approved during the current calendar year will not be re-assessed until the following year.

This means that the July & December tax bills will be based on the Taxable Value established at the March Board of Review for the current year and will reflect the tax liability of the original parent parcels.

Buyers and sellers need to be aware of this issue and are encouraged to contact the local Township Assessor and/or Township Treasurer in July and/or December if tax bills are not received or if the bill received is for the entire original parent parcels.

Signed

Date

_____-_____-_____-_____-_____-

Parcel Number

**Alcona County Treasurer
106 5th St. PO Box 158
Harrisville, MI 48740
(989) 724-9420**

Lot Line Adjustment Tax Payment Certificate Form

Name: _____ Phone: _____
Owner Address: _____
Owner City, State, Zip: _____
Property Address: _____
Property City, State, Zip: _____
Parcel ID Number(s): _____
List All Numbers _____

Attach a description of the parcel(s) to be divided or combined.

[] Certification Denied

The Alcona County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

[] Certification Approved

Pursuant to House Bill 4055, the Alcona County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the local tax collecting unit.

Exception: This certification being subject to any Board of Review, Tribunal, and/or Principal Residence Exemption denial.

[] Dated on or after March 1

The return of current delinquent taxes not available for examination.

Certified by: _____ Date Certified: _____
