

## COMBINATION APPLICATION

NOTE: In order to combine parcels all delinquent property taxes must be paid. Title to the parcels must be held in exactly the same name. All parcels must be in the same taxing unit. The parcels must be contiguous. Contiguously owned parcels of property located across a road, in different sections or different units of government cannot be combined for assessment purposes per MCL 211.24, MCL 211.25

**1. OWNER INFORMATION — NAME(S) AS THEY APPEAR ON DEED**

Name(s):
Mailing Address:
Contact Phone Number(s):
E-Mail:

To the Township Assessor: I (we), the undersigned do hereby petition the Township Assessing Department for a combination of land as hereinafter requested and as a part of this petition, the following facts are shown.

**2. PARCELS TO BE COMBINED**

**PARCEL #1                      GRANTEE/OWNER:**

Address (if applicable):
Parcel Identification Number:
Zoning & School District:
Current Lot Size:

Is Parcel #1 or any portion of in PA 116? YES                      NO

**NOTE:** If YES, please provide paperwork for release of PA 116

Are there any mortgages or liens on Parcel #1? YES                      NO

NOTE: Mortgage must cover all parcels involved.

**PARCEL #2                      GRANTEE/OWNER:**

Address (if applicable):
Parcel Identification Number:
Zoning & School District:
Current Lot Size:

Is Parcel #2 or any portion of in PA 116? YES                      NO

**NOTE:** If YES, please provide paperwork for release of PA 116

Are there any mortgages or liens on Parcel #2? YES                      NO

NOTE: Mortgage must cover all parcels involved.

NOTE: IF ADDITIONAL PARCELS ARE INVOLVED WITH THIS REQUEST, PLEASE ATTACH A SEPARATE PIECE OF PAPER.

**NOTE:** Approved combinations of parcels will not have combined tax bills until the year following the date of approval.

**3. ATTACHMENTS TO APPLICATION**

**Eff. Sept. 16, 2019 MCL 560.109(i)** Certificate from County Treasurer showing proof of payment for property taxes and special assessments for the five (5) years preceding date of application

**4. AFFIDAVIT**

I/We agree the statements made above are true and accurate and if found not to be true or accurate, this application and any approval granted will be null and void.

I/We also understand that, once the property is combined, approval would be required from the township to divide the resulting property.

**Authorized Signature(s):**

OWNER/CO-OWNER

Signature:	Date:
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