

COMBINATION REQUEST

OWNER NAME: _____

PARENT PARCEL (S) : _____

****PLEASE BE AWARE THAT A COMBINATION APPROVAL DOES NOT QUALIFY THAT THE NEW PARCEL COULD OR WILL BE BUILDABLE *****

***** BY SIGNING THIS FORM I AM AUTHORIZING THE ABOVE PARCELS TO BE COMBINED & BY DOING SO THE PROPERTY MAY NOT BE ABLE TO BE SPLIT BACK OUT TO THE ORIGINAL PARCELS.**

***** ALL TAXES ARE PAID CURRENT & ANY OR ALL LIEN HOLDERS HAVE BEEN NOTIFIED & DOCUMENTATION HAS BEEN PROVIDED TO ASSESSOR.**

**** COMBINATION REQUESTS HAVE TO MEET LOCAL ZONING AND OR ORDINANCES**

**** PLEASE BE AWARE REQUESTING A COMBINATION MAY AFFECT YOUR (PRE) HOMESTEAD STATUS AND MAY RESULT IN HIGHER TAXES !!**

*****COMBINATIONS ARE DONE ONCE A YEAR- FORM MUST BE RETURN NO LATER THEN THE FIRST WEEK OF DECEMBER OF THE CURRENT YEAR TO BE PROCESSED FOR THE FOLLOWING ASSESSING/TAX YEAR.**

SIGNATURE: _____

DATE: _____

PHONE: _____

EMAIL: _____

Mail back: PO Box 98 Saint Johns Michigan 48879

Email: cszservices30@gmail.com

