

FOR OFFICE USE ONLY		
GIS	<input type="checkbox"/>	ASG <input type="checkbox"/> MAP <input type="checkbox"/>
DEED (if applicable)	<input type="checkbox"/>	
ACKNOWLEDGEMENT (if applicable)	<input type="checkbox"/>	

LAKETON TOWNSHIP
Land Combination Application

Answer all questions and include all attachments or the application will be returned unprocessed. A \$45.00 application fee plus \$5.00 per new parcel is required with your request.

Make checks payable to Laketon Township.

1. Property Owner Information:

Name(s) _____ Phone() _____

Address _____

2. Location of parent parcel(s) to be Combined: (All Parcels must be owned by the same people)

Address _____ Parcel ID # ____ - ____ - ____ - ____

Address _____ Parcel ID # ____ - ____ - ____ - ____

Address _____ Parcel ID # ____ - ____ - ____ - ____

Legal Descriptions (attach additional sheet(s) if necessary)

3. Proposed Combination

_____ Combining for tax purposes only

_____ Combining with a Deed

4. Proof of No Delinquent Taxes

_____ Please provide proof of paid taxes on all parcels being combined showing no delinquent taxes.

5. Affidavit and permission for Laketon Township, Muskegon County and State of Michigan officials to enter the property for inspections:

I agree the statements made above are true, and if found not to be true this application and any approval will be void. Further I agree to comply with the conditions and regulations provided with this Combination. Finally, I understand this is only a combination which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 et. Seq.), and /or the Condominium Act (PA 59 of 1987 as amended) and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Finally if this Combination is approved, I understand Deeds, or Land Contracts representing the approved divisions may be required and recorded with Register of Deeds, or any approval will be void.

Property Owner(s) Signature

Date

Approval from the Health Department for on-site water and septic systems is no longer required (by statute) for parcels larger than one acre. This approval will be required prior to a building permit being issued.

This form is designed to comply with applicable local zoning, land division ordinances and Sec. 109 of the Michigan Land Division Act (formally the subdivision control act. P.A. 288 of 1967, as amended [particularly by P.A. 591 of 1996]. MCL 560.101 et Seq.) and/or the Condominium Act (PA 59 of 1987 as amended)

Office Use Only

Parcel ID # ____ - ____ - ____ - ____

Application/# _____

Parcel ID # ____ - ____ - ____ - ____

____ Planning/Zoning Official Approval - _____

____ Assessor Approval - _____

____ **Approved** – Conditions if any _____

____ **Denied** – Reasons _____

Signature(s)/Title(s)

Date