

City of Williamston

Planning & Community Development Department

161 E. Grand River Avenue Williamston, MI 48895 commdev@williamston-mi.us

LOT COMBINATION APPLICATION

PROPERTY OWNER INFORMATION					
Property Owner Name:					
Property Owner Address:	City, State, Zip:				
Telephone:	E-Mail Address:				
APPLICANT INFORMATION					
If the applicant is NOT the property ov	vner, please complete the	following:			
Applicant Name:					
Applicant Address:	City, State, Zip:				
Telephone:	E-Mail Address:				
Applicant is: <i>(circle one)</i> Business O	wner Architect/Enginee	r Other (speci	fy)		
PROPERTY INFORMATION					
First Parcel to Combine:					
Property Use is: (circle one) Resid	ential Commercial	Industrial	Vacant		
Property Address:	Property Zoning District:				
Parcel ID Number (PIN):					
Property Dimensions: Width:	Length:	Area:			
Second Parcel to Combine:					
Property Use is: (circle one) Resid	ential Commercial	Industrial	Vacant		
Property Address:	Property Zoning District:				
Parcel ID Number (PIN):					
Property Dimensions: Width:	Length:	Area:			

Phone (517) 655-2774 <u>www.williamston-mi.us</u> Fax (517) 655-2797

If additional lots will be combined list their dimensional information on attached sheets.

Proposed New Combined Parcel Dimensions:				
-	: Area:			
Proposed Use: (Describe proposed use of	of resulting new lots, if no change in use .	state "Same.")		
ADDITIONAL REQUIRED DOCUMENTS				
1) Proof of Ownership: Provide proof of ownership such as property tax receipt or copy of deed.				
, ,	h Existing Property: A survey and associon ach lot proposed to be combined MUST be			
3) Survey and Legal Description of Combined New Property: A survey and associated legal description prepared by a registered surveyor for the new combined parcel created from the proposed lot combination <u>MUST</u> be attached.				
Property Owner Signature:	Date:	City Use Only: Fee Paid \$50.00		
Applicant Signature:	Date:	Date Complete Application Received:		