

# COMBINATION REQUEST

**\*\* IF ANY PARCELS HAVE A MORTGAGE ON THEM NO COMBO ALLOWED  
UNLESS LETTER FROM MORTGAGE COMPANY RECEIVED AT TIME OF REQUEST \*\***

OWNER NAME: \_\_\_\_\_

PARENT PARCEL (S) : \_\_\_\_\_

\_\_\_\_\_

**\*\* IF ANY PARCEL(S) ARE IN PA 116 PROGRAM NEED TO HAVE AUTHORIZATION FROM FARMLAND  
OPEN SPACE PROGRAM - QUESTIONS TO THEM CALL 517-284-5663**

**\*\*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.**

**A CERTIFICATE FROM THE COUNTY TREASURER THAT COMPLIES WITH THE REQUIREMENT OF PA 23 OF 2019  
ESTABLISHING ALL PROPERTY TAXES AND SPECIAL ASSESSMENTS DUE ON THE PARCEL OR TRACT SUBJECT TO THE  
PROPOSED DIVISION HAVE BEEN PAID FOR 5 YEARS PRECEDING THE DATE OF THE APPLICATION.**

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

**\*\* PLEASE BE AWARE REQUESTING A COMBINATION MAY AFFECT YOUR (PRE) HOMESTEAD STATUS 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**