

Greenbush Township

Land Combination Application

1. Property Owner Information:

Name:
Address:
City/State/Zip:
Phone:

2. Location of Parcels to be combined

1st Parcel
Address: _____

Parcel number: ____-____-____-____-____

Legal description of Parcel or Lot and Subdivision (attach extra sheets if needed)

2nd Parcel
Address: _____

Parcel number: ____-____-____-____-____

Legal description of Parcel or Lot and Subdivision (attach extra sheets if needed)

3rd Parcel

Address: _____

Parent parcel number: _____-_____-_____-_____-_____

Legal description of Parcel or Lot and Subdivision (attach extra sheets if needed)

3. Attachments: (all attachments must be included) Letter each attachment as shown here.

_____ A 1. A survey sealed by a professional surveyor at a scale of _____ (insert scale) of proposed division(s) of parent parcel:

2. A map/drawing to scale of _____ (insert scale), of proposed division(s) of parent parcel:

Please note: A division approving a land division or a land combination is effective 90 days, after which it shall be considered revoked unless within such period a survey is recorded with the County Register of Deeds Office and filed with the Greenbush Township Assessor Office or other designated official accomplishing the approved land division or boundary adjustment.

The survey must show:

1. Current boundaries (as of March 31, 1997), and
2. All previous divisions made after March 31, 1997 (indicate when made or none), and
3. The proposed division(s)
4. Dimensions of the proposed division(s), and
5. Existing and proposed road/easement right-of-way, and
6. Easements for public utilities from each parcel to existing public utility facilities,
7. Any existing improvements (buildings, wells, septic system, driveways, etc)

Any of the features checked in questions number 6.

New Consolidated legal description:

_____ B County Treasurer's Tax Certification verifying that all property taxes have been paid for preceding 5 years. (PA 23 of 2019)

_____ C Land Combination Fee: \$150.00 application fee

Property Owner's Signature: _____

Date: _____

Mail Completed Forms to:

You must answer all questions and include all attachments, or this application will be returned to you.

Beth Botke, Assessor

PO Box 90

Bath, MI 48808

(517) 204-3752

Reviewer's Action

_____ Approved: Conditions, if any _____

_____ Denied: Reason _____

Signature and Date: _____

Assessor or Land Division Administrator

Updated October 15, 2019