

# 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: \_\_\_\_\_

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**Email: cszservices30@gmail.com**