



LAND COMBINATION APPLICATION

Planning and Zoning
323 W. Michigan Ave.
Marshall, MI 49068
(269) 781.5183

Applicant's Name _____

Owner's Name _____

Address _____

Address _____

Phone _____

Phone _____

Location of first Parcel: _____

Parcel # _____

Location of second Parcel: _____

Parcel # _____

Location of third Parcel: _____

Parcel # _____

Location of fourth Parcel: _____

Parcel # _____

Reason for combination: _____

Proposed use: _____ Current zoning: _____

Do any of the following situations exist on the parcels to be combined?

- Flood plain
- Wetlands
- Severe soil limitations
- Underground tanks
- Contaminated soils
- Abandoned well

Are all taxes paid on the properties to be combined? Yes No

The following items must be attached to this application:

- Full legal property description and descriptions of all proposed parcels.
- Legal survey, sealed by a professional surveyor, of the proposed combination or of each parcel to be combined
- Deed or Land Contract showing proof of ownership

If there is a mortgage, a letter from mortgage company stating that they agree with combination

AFFIDAVIT and PERMISSION for City 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 parcel combination. Further, I give permission for officials of the City to enter the property where this parcel combination is proposed for purposes of inspection to verify that the information on the application is correct at a time mutually agreed with the applicant.

Property Owner's Signature _____ Date _____



LAND COMBINATION APPLICATION

Planning and Zoning
323 W. Michigan Ave.
Marshall, MI 49068
(269) 781.5183

FEES

First combination from unplatted parent parcel	\$75.00
Each additional combination from parent parcel	\$25.00
Combinations between platted lots or parcels	\$50.00

**Checks should be made payable to "City of Marshall".*

STAFF REVIEW

Application complete _____ Fee received _____
 Date received _____ Receipt number _____

ZONING ADMINISTRATOR:

_____ The proposed division meets the Marshall Zoning Ordinance requirements for setbacks, lot size, square footage, and road frontage.

_____ The proposed division does not meet Marshall Zoning Ordinance requirements for the following reasons:

ASSESSOR:

_____ The proposed division meets the standards set forth in the State Land Division Act (formerly the Subdivision Control Act, 1967 P.A. 288, as amended).

The proposed combination will be approved and take effect in the following tax year.