



PROPERTY CONSOLIDATION APPLICATION / REQUEST

Send To: Tittabawassee Township
145 S Second St. P.O. Box 158
Freeland, MI 48626

Applicant Name _____
Street Address P.O. Box _____
City Zip Code _____
Contact Phone (_____) _____
Contact Email _____

| | |
|--------------------------|-------|
| Internal Use Only | |
| Fee Paid: | _____ |
| Receipt #: | _____ |

(Select one of the following)

- ___ I am the sole owner of the Parcel in Question
- ___ I am a joint owner of the Parcel in Question and have authority to act for the other owners.
- ___ I am not an owner but have legal authority to represent the owner or owners of the property.

List all other persons, firms, or organizations having a legal or equitable interest in the property:

I/we are requesting that the following property parcels be combined into one tax parcel. I understand that once combined, the resulting parcel will be subject to current land division rules.

Parcel # 1.

Address: _____, Road Name: _____

Parcel Number: 29 - 13 - 3 - ____ - _____ - _____ Current Zoning: _____

Parcel # 2.

Address: _____, Road Name: _____

Parcel Number: 29 - 13 - 3 - ____ - _____ - _____ Current Zoning: _____

Parcel # 3.

Address: _____, Road Name: _____

Parcel Number: 29 - 13 - 3 - ____ - _____ - _____ Current Zoning: _____

Parcel # 4.

Address: _____, Road Name: _____

Parcel Number: 29 - 13 - 3 - ____ - _____ - _____ Current Zoning: _____

(Attach addition forms if needed)

Restrictions on Parcel Consolidations.

Before multiple parcels can be combined, all of the following conditions must be met:

1. All parcels must be owned by the same person or persons and the owner names on all parcels must be exactly the same. i.e. a parcel owned by J. Doe cannot be combined with a parcel owned by John Doe or John J. Doe. You may need to file new deeds to change the names on the parcels.
2. The parcels must be contiguous.
3. The parcels must be in the same zoning district.
4. The resulting parcel must meet the legal requirements for a new parcel. i.e. depth to width ratio of not more than 4:1.
5. The resulting parcel cannot span a section line.

Fees:

\$100.00 for each consolidation

By making this application, I authorize township officials to enter upon the property to gather information relating to this application.

New property numbers will be assigned by the County prior to the next tax billing cycle.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant: _____

Date: _____

| | |
|--------------------------|----------------------------|
| Office use only: | Application Number: |
| Application Reviewed by: | Date: |
| Approved: | Denied: |
| Reason for Denial: | |