

<p>FOR OFFICE USE ONLY</p> <p>GIS <input type="checkbox"/> ASG <input type="checkbox"/> MAP <input type="checkbox"/></p> <p>DEED (if applicable) <input type="checkbox"/></p> <p>ACKNOWLEDGEMENT (if applicable) <input type="checkbox"/></p>
--

Land Combination Application

Answer all questions and include all attachments or the application will be returned unprocessed. **A \$100.00 application fee is required with your request.** Make checks payable to Oshtemo Township.

1. Property Owner Information:

Name(s) _____ Phone() _____

Address _____

2. Location of parent parcel(s) to be Combined:

Address _____ Parcel ID #3905-____-____-____

Address _____ Parcel ID #3905-____-____-____

Address _____ Parcel ID #3905-____-____-____

Legal Descriptions (attach additional sheet(s) if necessary)

3. Proposed Combination

- _____ Combining for tax purposes only
- _____ Combining with a Deed

4. Affidavit and permission for Oshtemo Township, Kalamazoo County and State of Michigan 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 Combination. Finally, I understand this is only a combination which conveys only certain rights under the applicable local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 et. Seq.), and /or the Condominium Act (PA 59 of 1987 as amended) and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Finally if this Combination is approved, I understand Deeds, or Land Contracts representing the approved divisions may be required and recorded with Register of Deeds, or any approval will be void.

Property Owner(s) Signature

Date

Approval from the Health Department for on-site water and septic systems is no longer required (by statute) for parcels larger than one acre. This approval will be required prior to a building permit being issued.

This form is designed to comply with applicable local zoning, land division ordinances and Sec. 109 of the Michigan Land Division Act (formally the subdivision control act. P.A. 288 of 1967, as amended [particularly by P.A. 591 of 1996]. MCL 560.101 et Seq.) and/or the Condominium Act (PA 59 of 1987 as amended)

Office Use Only

Parcel ID # 3905-____-____-____

Application/#_C_____

Parcel ID # 3905-____-____-____

____ Planning/Zoning Official Approval

____ **Approved** – Conditions if any _____

____ **Denied** – Reasons _____

Signature(s)/Title(s)

Date