

COVERT TOWNSHIP

P.O. BOX 35

COVERT, MICHIGAN 49043

(269) 764-8986 • Fax (269) 764-1771

REQUEST FOR PARCELS TO BE COMBINED

COVERT TOWNSHIP ZONING OFFICIAL

ALTON NEAL: 269-223-0970

APPLICATION FEE PAYABLE TO COVERT TOWNSHIP: **\$100.00** *(per combination)*

APPLICATION No: _____

I, _____, hereby request the Covert Township Assessor's office to combine the following properties which I own, and which are described by the following parcel numbers:

80-07-_____-_____-_____

80-07-_____-_____-_____

80-07-_____-_____-_____

80-07-_____-_____-_____

80-07-_____-_____-_____

The tax roll classification of the properties is : _____(to combine parcels, all parcels involved in the combinations must be in the same major tax class and have the same homestead or non-homestead status.)

The property address which is to be used for this parcel is: (must be the address of the property that the parcel(s) are being combined into.)

The mailing address is to be as follows:

PERMISSION FOR TOWNSHIP, COUNTY, AND STATE OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS.

I agree the statements made are true, and if found not to be true, this application and Township approval will be void. Further, I agree to comply with the conditions and regulations provided with this Land Combination, Township Zoning and Ordinance(s). Further, I agree to give permission for officials of the Township, County, and the State to enter the property where this Parcel Combination is proposed for the purposes of inspection. Finally, I understand this is only a Parcel Combination which conveys certain rights under the applicable Local Land Division 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 and Conveyance of Rights in any other Statute, Building Code, Zoning Ordinance, Deed Restrictions or other Property Rights).

Finally, if this combination is approved, I understand Local Ordinances and State Acts change from time to time, and if changed – the division must comply with the new requirements (apply for Combination Approval again) unless deeds representing the approved divisions are recording with the Register of Deeds or the division is built upon before the changes to laws are made.

Property Owner Signature: _____ **Date:** _____

Co-Property Owner Signature: _____ **Date:** _____

Reviewer's Action: _____

Approval: _____ **Date:** _____

Denial: _____ **Date:** _____

Reason: _____

