

**Roscommon Township Land Combination**

**8555 Knapp Road, Houghton Lake, MI 48629**

**Office: 989-422-4116 Fax: 989-422-6145**

**\*\*Completed forms are to be filed with the Zoning Administrator\*\***



**PARCELS TO BE COMBINED**

Parcel Numbers:

011 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_    011 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_    011 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

**APPLICANT INFORMATION IF DIFFERENT FROM OWNER**

(Attach the property owner Letter of Authorization, Power of Attorney form, or other documentation of authorization.)

Name: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**ATTACHMENTS (All must be included)**

\_\_\_\_\_ Copy of completed Roscommon County Treasurer Tax Certification Form

\_\_\_\_\_ Special Assessment Confirmation Form

\_\_\_\_\_ Parent Parcel Legal Descriptions

\_\_\_\_\_ A non-refundable combination request fee of \$75.00

**NOTICES AND ADVISEMENTS (All must be initialed by the property owner)**

\_\_\_\_\_ New parcel number(s) will be assigned upon the combination being completed for the following year assessment roll.

\_\_\_\_\_ Mid-year combinations will not be processed. All billing of tax bills for the current year will be issued on the parent parcels.

\_\_\_\_\_ It is the property owner's responsibility to notify any lending institutions of the change in tax parcel numbers potentially affecting a mortgage agreement.

\_\_\_\_\_ Ownership of all parcels being combined must be identical for the combination to be approved.

\_\_\_\_\_ I hereby give township personnel permission to enter the property for inspection purposes (does not include permission to enter buildings).

Owner/Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Township Use Only Below This Line**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Combination Fee Paid: \_\_\_\_\_

Approved     Denied, date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Reason for Denial (if applicable)

\_\_\_\_\_