



CITY OF CHEBOYGAN, MICHIGAN

PARCEL COMBINATION APPLICATION

NOTE: In order to combine parcels all delinquent property taxes must be paid. Title to the parcels must be held in the same name. The parcels must be contiguous. Additional Information: Filing a request does not guarantee that the parcels will be combined. The combining of parcels does not necessarily affect the value that will be placed on your property for tax purposes. Combining parcels may affect the owner's ability to use the property per local zoning laws. The owner may want to check with zoning authority before making a request to combine parcels.

OFFICE USE ONLY
Date
Received:
Fee*
Received:
(*fee = \$250.00 subject to change)

1. OWNER INFORMATION - NAME(S) AS THEY APPEAR ON DEED

Name(s):
Mailing Address:
Contact Phone Number(s): () - () -

To the City Assessor: I (we), the undersigned do hereby petition the City of Cheboygan Assessing Department for a combination of land as hereinafter requested and as a part of this petition, the following facts are shown.

2. PARCELS TO BE COMBINED

PARCEL #1 GRANTEE/OWNER:
Address (if applicable):
Parcel Identification Number:
Zoning District:
Current Lot Size:

Is Parcel #1 or any portion of in PA 116? YES NO

NOTE: If YES, please provide paperwork for release of PA 116

Are there any mortgages or liens on Parcel #1? YES NO

NOTE: Mortgage must cover all parcels involved.

PARCEL #2 GRANTEE/OWNER:
Address (if applicable):
Parcel Identification Number:
Zoning District:
Current Lot Size:

Is Parcel #2 or any portion of in PA 116? YES NO

NOTE: If YES, please provide paperwork for release of PA 116

Are there any mortgages or liens on Parcel #2? NOTE: YES NO

Mortgage must cover all parcels involved.

NOTE: IF ADDITIONAL PARCELS ARE INVOLVED WITH THIS REQUEST, PLEASE ATTACH A SEPARATE PIECE OF PAPER.

Are All Parcels Described on the Same Deed?

YES

NO

Recorded Liber/Page# or attach copies of Deeds: _____

NOTE: Approved combinations of parcels will not have combined tax bills until the year following the date of approval.

3. ATTACHMENTS - PROPERTY SURVEY/PLOT PLAN & LEGAL DESCRIPTION

- o North Arrow, Date and Scale of not less than 1" = 100' feet.
- o Location of Existing Structures/Improvements
- o Existing and Proposed Parcel Boundaries and Legal Description of COMBINED Parcels
- o Certified Land Division Tax Payment Certification Form from Cheboygan County Treasurer

4. APPLICABLE FEES - TERMS & CONDITIONS

A total fee of \$ 200.00 *NOTE: All fees must accompany the application when submitted.

*There is no charge if the combinations of parcel(s) are required to comply with the City of Cheboygan Zoning Ordinance and State of Michigan regulatory measures and/or if combination of a particular parcel is initiated by the Assessor.

- o This combination of land application is valid for a period of two (2) years from the date it was submitted. If not approved within that period, a new application must be completed and resubmitted to restart the approval process.
- o Once a completed application is properly filed, the Assessor shall then forward a copy of the application and survey/plot plan documents to the necessary departments for approval. It is understood that an approval of combinations of parcels is not a determination or implication that any resulting parcels are buildable. All provisions of township ordinances and building requirements must be satisfied prior to approval of any development. Nor does approval determine that adequate water and septic/sewer capacity is available on the resulting parcels/lots.
- o MCL 211.25 Sub Section 1(e): When two or more parcels of land adjoin and belong to the same owner or owners, they MAY be assessed by one valuation if permission is obtained from the owner/owners. The assessing authority shall send a notice of intent to assess the parcels by one valuation to the owner/owners. Permission shall be considered obtained if there is no negative response within thirty days following the notice of intent.

5. AFFIDAVIT

I/We agree the statements made above are true and accurate and if found not to be true or accurate, this application and any approval granted will be null and void.

I/We also understand that, once the property is combined, prior approval would be required from the City to divide the resulting property.

Authorized Signature(s):

OWNER/CO-OWNER

Signature:	Date:
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~ DO NOT WRITE IN BELOW SECTION – FOR OFFICIAL CITY USE ONLY ~

APPROVED/DENIED BY:

Signature:	APPROVED:
Printed Name/Title:	DENIED:

If Denied, Reason for Denial: _____