

Charter Township of Grayling

2090 Viking Way PO Box 521
Grayling, MI 49738
Tel: (989) 348-4361 Fax: (989) 348-6713

Application for Land Combination

In accordance with the Michigan Land Division Act
(Formerly the Michigan Subdivision Control Act, P.A. 288 of 1967)

COMBINATION OF PARCELS (to be filled out by applicant)

Application date _____

PROPERTY OWNER INFORMATION

Name of property owner(s) _____

Address _____

City/state/zip _____

Preferred phone number (____) _____

Email address _____

PARCELS TO BE COMBINED

Parcel #1 property tax ID number 040-_____

Parcel #2 property tax ID number 040-_____

Parcel #3 property tax ID number 040-_____

(Include a list of other parcels with tax ID #s if you are combining more than three parcels)

Location (address) of main parcel

Current zoning of all parcels _____

Main parcel legal description Twp.# _____ Range# _____ Section# _____

Means of access to new combined parcel

- A. Driveway off adjacent public road _____
- B. Easement across other property _____

Name of adjacent road _____

Name(s) of private property owners whose property easement will cross

ATTACHMENTS

- A. _____ **If applicable**, survey done within the prior 6-months showing the combination with a new legal description and all easement, all current buildings, roads, rivers/lakes, and any other outstanding features.
- B. _____ Copy of warranty deed showing proof of ownership.
- C. _____ Crawford County Treasurer Tax Certification verifying there are no delinquent property taxes for the prior five (5) years.
- D. _____ Short letter giving township officials permission to enter the property for inspection purposes (does not include permission to enter buildings).

PROPERTY OWNER ACKNOWLEDGEMENT

I agree that the statements made above are true to the best of my understanding. If found to not be true, this application and any approval will be void.

I agree that any outstanding special assessments applied to any of the parcels to be combined, will remain with the parcel after combination and that future special assessment adjustments may be applied.

If approved, I agree to register this combination with the Crawford County Register of Deeds.

Signature of applicant _____ Date _____

*For combination, a non-refundable fee of \$25.00 must accompany this application in order for it to be accepted for review by Grayling Township.

THIS SECTION TO BE FILLED OUT BY GRAYLING CHARTER TOWNSHIP OFFICIALS

Accepted for review by _____

Date of acceptance _____

Date combination must be approved or denied (date of acceptance + 45 days)

Combination meets all current zoning standards Yes _____

For Combination, a non-refundable fee of \$ 25.00 total has been paid by the applicant and a receipt for such payment has been issued. Yes _____ Date paid: _____

After reviewing, it is the determination of the Charter Township of Grayling, under the authority granted by the various statutes of the State of Michigan, and ordinances which currently exist concerning the regulation of land combinations, that the requested combinations described in this application have been:

Approved _____ Denied _____

Reason for denial

Special instructions to property owner

Signature of reviewing official _____

Title of reviewing official _____ Date _____

Copy mailed/emailed to property owner _____ Copy inserted in property file _____