

CITY OF OWOSSO
LAND COMBINATION APPLICATION

301. W. MAIN ST.
OWOSSO, MI 48867
989 725-0530

Date _____

Owners Name _____ Phone Number _____

Owners Mailing Address _____

Property Address(es) _____

Parcel Number(s) _____

Current Zoning(s) _____

Will the proposed combination require zoning changes? (yes) (no)

Any current Special Assessments applied to any or all of these parcels? (yes) (no)

If yes, please explain: (Note: Special Assessments may need paid in full prior to combining parcels)

Any current Mortgage Liens on any or all of these parcels? (yes) (no)

If yes, please explain: (Note: Mortgage liens need approval from mortgage company for approval)

Intended use (Res., Com., Ind.) _____

Intended purpose _____

Legal Description of Current Parcels to be combined. (Attach additional if needed.)

Legal Description of combined parcel(s). (Attach additional if needed)

I understand and agree the statements made above are true and if found not to be true, this application and any approval will be void.

Property Owners Signature:

_____ Date: _____

_____ Date: _____

City of Owosso Approval:

Signature: _____ Date: _____

Title: _____