

CITY OF OWOSSO
LAND COMBINATION APPLICATION
301 W MAIN ST. OWOSSO, MI 48867
989-725-0535 BUILDING@CI.OWOSSO.MI.US

➤ **Date:**

➤ **Owner's Name:**

➤ **Property Address:**

➤ Phone Number:

➤ Mailing Address (if different than Property Address):

➤ **Parcel Number:**

➤ **Zoning:**

➤ Will the proposed combination require zoning changes?	YES	NO
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➤ Any current Special Assessments applied to the parcel?	YES	NO
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If YES, please explain (Special Assessments many need to be paid in full prior to combining parcels):

➤ Any current Mortgage Liens on the parcel?	YES	NO
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If YES, please explain (Mortgage Liens need approval from the Mortgage Company):

➤ Intended Use:	RESIDENTIAL	COMMERCIAL/ INDUSTRIAL
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➤ **Intended Purpose:**

➤ **Legal Descriptions of current parcels to be combined: (attach additional pages if needed)**

➤ **Legal Description of combined parcels: (attach additional pages 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 Owner Signature:

Date:

City of Owosso:	APPROVED	DENIED
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Signature:

Title:

Date:
