CITY OF OWOSSO LAND COMBINATION APPLICATION 301 W MAIN ST. OWOSSO, MI 48867

989-725-0535 <u>BUILDING@CI.OWOSSO.MI.US</u>

	Date:		
	Owner's Name:		
>	Property Address:		
>	Phone Number:		
>	Mailing Address (if different than Property Address):		
>	Parcel Number:		
>	Zoning:		
	Will the proposed combination require zoning	YES	NO
	changes?		
>	Any current Special Assessments applied to the	YES	NO
	parcel?		
	If YES, please explain (Special Assessments many need	d to be paid in full	prior to
	combining parcels):	•	
	,		
>	Any current Mortgage Liens on the parcel?	YES	NO
	If YES, please explain (Mortgage Liens need approval fr	om the Mortgage	Company):
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> >	Intended Purpose:		INDUSTRIAL
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