

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

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- **Date:**

 - **Owner's Name:**

 - **Property Address:**

 - Phone Number:

 - Mailing Address (if different than Property Address):

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- **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**

 - If YES, please explain (Special Assessments many need to be paid in full prior to combining parcels):

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- **Any current Mortgage Liens on the parcel?** **YES** **NO**

 - If YES, please explain (Mortgage Liens need approval from the Mortgage Company):

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- **Intended Use:** **RESIDENTIAL** **COMMERCIAL/**
INDUSTRIAL

- **Intended Purpose:**

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

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- **Legal Description of combined parcels: (attach additional pages if needed)**

I understand and agree the statements made above are true and if found no to be true, this application and any approval will be void.

Property Owner Signature:

Date:

City of Owosso: **APPROVED** **DENIED**

Signature:

Title:

Date:
