

PARCEL COMBINATION APPLICATION

| | | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Applicant(s) | | Phone Number |
| Address | | Daytime |
| | | |
| <i>Interest in Properties (Check One)</i> | <input type="checkbox"/> Owner <input type="checkbox"/> Represent Owner <input type="checkbox"/> Option to Buy <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____ | |
| Parcel Information | 400- _____ Owner: _____ Address: _____ | Zoning District _____ Phone Number _____ |
| Parcel Information | 400- _____ Owner: _____ Address: _____ | Zoning District _____ Phone Number _____ |
| Parcel Information | 400- _____ Owner: _____ Address: _____ | Zoning District _____ Phone Number _____ |
| Parcel Information | 400- _____ Owner: _____ Address: _____ | Zoning District _____ Phone Number _____ |
| Proposed Development of Joined Lots: | | |
| Comparison of joined lots with adjacent sizes and benefit area if different in size: | | |
| Application must include a site plan as follows: | <input type="checkbox"/> Drawn to scale of 1" = 100' <input type="checkbox"/> Existing & Proposed Join Lots <input type="checkbox"/> Existing structures on existing lots AND proposed joined lots <input type="checkbox"/> All existing and proposed roads, easements, or other access points | |

OVER

City of Grand Ledge – Planning & Zoning – Join Parcel Application

I stipulate and understand the joining of lots, if approved by the City of Grand Ledge does not guarantee I may proceed with the proposed use of the property. I understand there may be plat restrictions or private restrictions contained in the deeds which may or may not be recorded with the Eaton County Register of Deeds, additionally I understand the City of Grand Ledge does not have any power or authority over these restrictions. I certify the statements made and the information provided in this fence permit application are true, accurate and complete.

Applicant Signature: _____ Date: _____

| For Office Use Only ----- | Required Reviews | Approve / Deny | | Initials |
|---------------------------|-----------------------------------------------|--------------------------|--------------------------|----------|
| Fee Paid: _____ | <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Date Received: _____ | <input type="checkbox"/> City Assessor | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | <input type="checkbox"/> Building Official | <input type="checkbox"/> | <input type="checkbox"/> | _____ |