

# COMBINATION REQUEST

OWNER NAME: \_\_\_\_\_

PARENT PARCEL (S) : \_\_\_\_\_

\_\_\_\_\_

**\*\* IF ANY PARCEL(S) ARE IN PA 116 PROGRAM NEED TO HAVE AUTHORIZATION FROM FARMLAND OPEN SPACE PROGRAM - QUESTIONS TO THEM CALL 517-284-5663**

**\*\*PLEASE BE AWARE THAT A COMBINATION APPROVAL DOES NOT QUALIFY THAT THE NEW PARCEL COULD OR WILL BE BUILDABLE \*\*\***

**\*\*\* BY SIGNING THIS FORM I AM AUTHORIZING THE ABOVE PARCELS TO BE COMBINED & BY DOING SO THE PROPERTY MAY NOT BE ABLE TO BE SPLIT BACK OUT TO THE ORIGINAL PARCELS.**

**A CERTIFICATE FROM THE COUNTY TREASURER THAT COMPLIES WITH THE REQUIREMENT OF PA 23 OF 2019 ESTABLISHING ALL PROPERTY TAXES AND SPECIAL ASSESSMENTS DUE ON THE PARCEL OR TRACT SUBJECT TO THE PROPOSED DIVISION HAVE BEEN PAID FOR 5 YEARS PRECEDING THE DATE OF THE APPLICATION.**

**\*\* COMBINATION REQUESTS HAVE TO MEET LOCAL ZONING AND OR ORDINANCES**

**\*\* PLEASE BE AWARE REQUESTING A COMBINATION MAY AFFECT YOUR (PRE) HOMESTEAD STATUS AND MAY RESULT IN HIGHER TAXES !!**

**\*\*\*COMBINATIONS ARE DONE ONCE A YEAR- FORM MUST BE RETURN NO LATER THEN THE FIRST WEEK OF DECEMBER OF THE CURRENT YEAR TO BE PROCESSED FOR THE FOLLOWING ASSESSING/TAX YEAR.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Mail back: PO Box 98 Saint Johns Michigan 48879**

**Email: cszservices30@gmail.com**