



Request to combine parcels

205 N. John Street, Highland, MI 48357 248-887-3791 x 3

I hereby petition the Highland Township Assessor to combine parcels:

Parcel # _____
Address _____

Parcel # _____
Address _____

Parcel # _____
Address _____

Parcel # _____
Address _____

I /WE UNDERSTAND THAT, BY COMBINING THESE PARCELS, IT MAY NOT BE POSSIBLE TO SPLIT THE NEWLY CREATED PARCEL AT A FUTURE DATE.

APPROVAL OF A COMBINATION IS NOT A DETERMINATION THAT THE RESULTING PARCELS COMPLY WITH OTHER ORDINANCES OR REGULATIONS. APPROVAL OF THIS APPLICATION DOES NOT INDICATE THAT THESE SITES ARE BUILDABLE OR NEGATE THE NEED FOR APPROVAL FROM OTHER DEPARTMENTS.

I understand that a new parcel number will be created. However, the new parcel number will not be active in the Assessing/Tax database until the following year and that all taxes on the old parcels must be paid by December 15th of this year.

ARE PARCELS PART OF A CONDOMINIUM DEVELOPMENT? Y / N
(IF YES, MASTER DEED MAY HAVE TO BE AMENDED BEFORE COMBINATION CAN PROCEED)

ARE THE TAXES PAID BY THE MORTGAGE COMPANY? Y / N

ALL PROPERTY TAXES PAID? Y / N

ANY PARTY HAVING AN OWNERSHIP INTEREST IN THE ABOVE PARCELS MUST SIGN THIS APPLICATION. FAILURE TO DO SO WILL NEGATE THIS APPLICATION.

Type of ownership: Land Contract ____ Deed ____ Other ____

Special Assessment District ? Y / N

NON-REFUNDABLE FEE \$75.00 Date Paid _____

Make Checks Payable to: Highland Township

Cash _____ Check # _____ Credit Card (plus processing fee) _____

**Request to combine parcels
PROPERTY OWNER REQUESTING APPLICATION**

NAME: _____
ADDRESS: _____

PHONE # : _____
EMAIL: _____
PARCEL I.D. #'S : _____

LAND CONTRACT HOLDER (IF APPLICABLE)
NAME: _____
ADDRESS: _____

PHONE # : _____
EMAIL: _____
PARCEL I.D. #'S : _____

(PROOF OF OWNERSHIP MAY BE REQUIRED)

*IF PROPERTY IS BEING PURCHASED ON A LAND CONTRACT, THE LAND CONTRACT
HOLDER MUST BE THE ONE REQUESTING THE COMBINATION.
BOTH SIGNATURES ARE REQUIRED*

I/We, the undersigned, do hereby request to combine the lots of record in the Charter Township of Highland, Oakland County, Michigan.

I/We do hereby swear or affirm that all of the statements, signatures and descriptions appearing on and with this request are in all respects true and accurate to the best of my/our knowledge.

PRINTED NAME OF OWNER: _____

SIGNATURE OF OWNER: _____

IF APPLICABLE:

PRINTED NAME OF LAND CONTRACT HOLDER: _____

SIGNATURE OF LAND CONTRACT HOLDER: _____

Notary Public

Subscribed and sworn to before me _____ the undersigned Notary Public, on this _____ day of _____, 20____, personally appeared _____ known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument.

Notary Public Signature

Highland Township Zoning Dept Approval Signature: _____

Date Approved: _____

Township Department Reviews				
Assessing Department				
	Yes	No	Initials	Date
Evidence of Ownership				
To County				
To Zoning				
To Treasury				
To Assessor				
Special Assessments added to new parcel #				
New Parcel #				
Letter & PRE sent to owner including new parcel #				

Treasury Department					
	Yes	No	Initials	Date	Application Paid/Stamp
Summer					
Winter					
Summer					
Winter					
Special Assessment					
Any Outstanding Fees					