

PARCEL COMBINATION APPLICATION

Applicant(s)		Phone Number
Email Address <i>Required</i>		
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"/>	_____