

HOWARD TOWNSHIP REQUEST TO COMBINE APPLICATION

1345 Barron Lake Rd Niles Michigan 49120 County of Cass
phone: (269) 684-0072 fax: (269) 684-6181

Assessor: Rich McGrew
Cell: (269) 228-3234

Office Hours: Wednesday 9a – noon
Email: mcgrewrich@yahoo.com

OFFICE USE ONLY

Approved _____ Denied _____ Assessor _____ Date _____

Reason for Denial _____

Approved _____ Denied _____ Zoning Administrator _____ Date _____

Reason for Denial _____

ALL information MUST be entered and ALL attachments MUST be supplied for application to be considered

Date _____

Parcel Number(s) to be Combined:

14-020- _____ 14-020- _____ 14-020- _____

14-020- _____ 14-020- _____ 14-020- _____

Property Owner(s) Name, Address, and Phone Number:

Name: _____

Address: _____

City, State, Zip _____ Phone: _____

AFFIDAVIT

I agree that the statements made above are true and I agree to comply with the conditions and regulations provided with this request to combine. Further, I agree to give permission for officials of the township and county to enter the property where this request to combine is proposed for purposes of inspection. Finally, I understand this is only a request to combine which conveys only certain rights under the applicable local zoning ordinances and the State Subdivision Control Act and does not include any representation or conveyance of right in any other statute, building code, zoning ordinance, deed restriction, or other property rights.

Property Owner(s) Signature:

_____ Date: _____

_____ Date: _____

Application Requirements – application must be complete for review

- All parcels must be contiguous/adjoining with no roadway interesting them.
- Parcels must be in the same section or subdivisions (plat), with some exceptions.
- Parcels must have the same identical name/ names on the parcels
- All parcels must be owned by title (deed), no land contracts.
- Property taxes must be paid to date