

# 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