

APPLICATION FOR LAND COMBINATION
Administrative Review - Michigan Land Division Act, PA 288 of 1967, as amended

File # _____

Received by: _____

Date: _____

IMPORTANT NOTICE TO APPLICANT: To be eligible for combination, the following requirements must be met:

- All delinquent taxes must be paid in full.
- Title to all parcels must be held in the exact same name.
- All parcels must be located within the same taxing unit.
- All parcels must be contiguous.

Contiguously owned parcels located across a public road right-of-way may be considered contiguous; however, parcels located in different sections, subdivisions, or units of government generally cannot be combined for assessment purposes in accordance with MCL 211.24 and applicable guidelines.

TO THE ASSESSOR OF ARENAC TOWNSHIP, ARENAC COUNTY, MICHIGAN:

I (We), the undersigned, hereby make application to the Arenac Township Assessor for approval of a parcel combination under the Michigan Land Division Act, and in support of this application state the following:

PARCEL #1: _____

Address: _____

Legally described as:

Current Parcel Number: _____

PARCEL #2: _____

Address: _____

Legally described as:

Current Parcel Number: _____

The above properties will be combined as follows:

RESULTING PARCEL: *NEW PARCEL NUMBER TO BE ISSUED BY ASSESSOR*

Address: _____

Legally described as:

Intended Use (Residential, Commercial, Agricultural, Industrial, etc.): _____

Description of Improvements or Structures: _____

Arenac Township - Assessors Office
PO BOX 352, Oscoda, MI 48750

PROPERTY OWNER/APPLICANT INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

PROPERTY CHARACTERISTICS: *Please check all that apply*

- ☐ River or Lake Frontage
- ☐ Wetlands present
- ☐ Floodplain
- ☐ Contaminated soil or underground storage
- ☐ Abandoned wells
- ☐ Slopes exceeding 25%

- ☐ Easements affecting access
- ☐ Association dues or special assessments
- ☐ Parcel is part of a Principal Residence
- ☐ Subject to mortgage or escrowed taxes

AFFIDAVIT: I understand and agree that any parcel resulting from this combination will appear for the first time on the next available assessment roll following December 31 (Tax Day), and that all taxes for the current year will be billed on the existing parcels based on the status of the property as of that Tax Day.

Under Michigan property tax law, December 31 is Tax Day. Any parcel combination approved after December 31 will not appear on the assessment roll until the following year.

Approval of a parcel combination does not guarantee that a building permit will be issued, nor does it ensure compliance with zoning, health department, or other applicable local, county, state, or federal regulations.

I certify that the statements made on this application are true and correct to the best of my knowledge, and I understand that if any information provided is found to be false, misleading, or incomplete, this application and any approval granted shall be void.

I agree to comply with all conditions and requirements associated with this parcel combination. I further grant permission for officials of the Township, County, and the State of Michigan to enter the property for the purpose of exterior inspection to verify that the information provided is accurate and that the proposed combination complies with applicable laws and ordinances.

I understand that this parcel combination conveys only those rights granted under the Michigan Land Division Act, as amended (MCL 560.101 et seq.), and any applicable municipal ordinance. Approval of this combination does not constitute a determination that the resulting parcel complies with zoning, building, sanitary, or other applicable regulations, and does not guarantee that a building permit will be issued.

I further understand that approval of a parcel combination resulting in a parcel of less than one (1) acre in size does not ensure that the parcel will be suitable for on-site water supply or sewage disposal. The municipality shall not be responsible if a building permit cannot be issued due to lack of approval for well or septic systems. Verification with the District Health Department is the responsibility of the landowner.

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I understand that a parcel combination does not create or restore division rights that may have been previously used or lost under the Michigan Land Division Act.

I also understand that zoning ordinances, municipal regulations, and State laws may change from time to time. If such changes occur after approval of this combination, the approved combination must comply with the new requirements unless deeds, land contracts, leases, or surveys representing the approved combination have been recorded with the Register of Deeds, or construction has commenced prior to the effective date of the change.

APPLICANT ACKNOWLEDGMENT:

By signing below, I acknowledge and agree with the following:

- New parcel identification numbers will be assigned upon completion of the combination, and any existing Principal Residence Exemption (PRE) must be refiled under the new parcel number.
- All property taxes must be current and paid in full.
- The approved combination will become effective on the next available assessment roll following December 31 (Tax Day).
- Only written approval from the Township constitutes official approval. Verbal communications are not binding.

I (We) _____ being the legal owner(s) of the above-described property, request the combination of said above property.

Signature of Owner

Signature of Owner

Date _____

Date _____

DO NOT WRITE BELOW THIS LINE

LAND COMBINATION APPLICATIONS MUST INCLUDE THE FOLLOWING INFORMATION:

- A. Copy of survey at a scale of not less than 1"=50' prepared by a registered Civil Engineer or Land Surveyor showing the following:
1. Existing property lines and resulting combined parcel boundaries with dimensions.
 2. Location and dimensions of any structure on the property, and any structure within fifty (50) feet of the property. Distances from structures to proposed property lines must be shown.
 3. Area in square feet of each proposed new parcel.
 4. Width (in feet) of each new parcel at the required front setback line.
 5. Any existing or proposed easements with dimensions.
 6. Location of access for each parcel from easements or public right-of-way.
 7. Legal description of all parcels.
- B. Proof of ownership.

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ZONING ADMINISTRATOR APPROVAL

All new parcels meet zoning ordinance

Requirements: Yes ___ No ___

Proof of ownership submitted:

Yes ___ No ___

Department Signature _____

Comments: _____

WATER DEPARTMENT APPROVAL

Yes ___ No ___ NA ___

Department Signature _____

Comments: _____

ASSESSOR'S APPROVAL

Name on land file: _____

Approval Date: _____

SAD, Payoffs Yes ___ No ___

Taxes Paid Yes ___ No ___

Department Signature _____

Comments: _____

APPLICATION FEE

Cash _____

Check _____

Date Paid _____