

Charter Township of Clinton - Assessing Department

Application for Land Division and Combination

office use only

***** See guidelines for description of required attachments**

Application Date: _____ **Fee:** _____

Fee Paid? Y N Current taxes paid? Y N

PROPERTY OWNER INFORMATION

Owner Name(s): _____

Owner Address: _____

Owner Phone #: _____

Owner Email: _____

Owner Signature: _____

Signature Date: _____

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____

Applicant Email: _____

Applicant Signature: _____

Signature Date: _____

If the Applicant above is *not* the legal property owner he/she **must** submit written authorization from each property owner

Delinquent Taxes Owed? _____

Site Plan Pending? _____

Deed Restrictions on any parcel? _____

Number of parcels before _____ and after _____

LIST ALL OF THE EXISTING PARCELS/ADDRESSES INVOLVED IN THE APPLICATION - use additional sheet if necessary

Parcel 1: 16-11-____ - _____ - _____

Property Address: _____

Parcel 2: 16-11-____ - _____ - _____

Property Address: _____

Parcel 3: 16-11-____ - _____ - _____

Property Address: _____

<u>FOR CLINTON TOWNSHIP OFFICE STAFF USE ONLY</u>		<i>Circle and date</i>
Assessing	sign _____	Approved / Denied Date: _____
comments		
Planning	sign _____	Approved / Denied Date: _____
comments		
Building	sign _____	Approved / Denied Date: _____
comments		
Public Services	sign _____	Approved / Denied Date: _____
comments		
Water	sign _____	Approved / Denied Date: _____
comments		
Treasurer	sign _____	Approved / Denied Date: _____
comments		
Special Assessment?	Amount: _____	
CONTINGENCIES:		