

Charter Township of Clinton - Assessing Department

Application for Land Division and Combination

***** See guidelines for required attachments**

*Tax Cert.; bring application and \$5.00 to
1 S. Main, Mt Clemens - Land File, 2nd flr*

Application Date: _____ **Fee:** _____

<u>PROPERTY OWNER INFORMATION</u>	
Owner Name(s):	_____
Owner Address:	_____ _____
Owner Phone #:	_____
Owner Email:	_____
Owner Signature:	_____
Signature Date:	_____

<u>APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)</u>	
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

Fee paid ? _____

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:	_____

FOR CLINTON TOWNSHIP STAFF USE ONLY: Per MCL 560.109, approval or disapproval is required within 45 days of application. If your signature is not received within 45 days, Assessing will assume there is no objection from your Department and that the application is approved.

Assessing	sign _____	Approved / Denied	Date: _____
comments			

Building	sign _____	Approved / Denied	Date: _____
comments			

Planning	sign _____	Approved / Denied	Date: _____
comments			

Public Services	sign _____	Approved / Denied	Date: _____
comments			

Treasurer	sign _____	Approved / Denied	Date: _____
comments			

Special Assessment? _____ Amount: _____

CONTINGENCIES: