

ALMONT TOWNSHIP
819 N. MAIN ST
P.O. BOX 446
ALMONT, MI 48003
(810) 798-8521

LAND COMBINATION APPLICATION

You **MUST** answer all questions or approval cannot be granted. Bring or mail to the TOWNSHIP at the above address.

1. LOCATION OF THE PARCELS TO BE COMBINED:

Address / Road: _____

PARCEL IDENTIFICATION #'s OF PARCELS TO BE COMBINED

2. PROPERTY OWNER INFORMATION:

Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Phone: () _____

3. APPLICANT INFORMATION (If different than property owner):

Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Phone: () _____

OFFICIAL USE ONLY

Date Completed Application Received _____ Was Fee Paid? Yes ___ No ___

Total Fee \$ _____ Check # _____ or Cash \$ _____ Received by _____

Date of Approval _____

Date of Denial: _____ Reasons for Denial: _____

Almont Township Supervisor

NEW PROPERTY IDENTIFICATION NUMBER: _____

Almont Township Assessor