

# CHARTER TOWNSHIP OF COMSTOCK



## TOWNSHIP LAND COMBINATION APPLICATION To The Township Assessor

Date Received by  
Assessor:

\_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED AND ALL ATTACHMENTS INCLUDED  
FOR PROCESSING OF THIS APPLICATION.**

\$ \_\_\_\_\_ **APPLICATION FEE** – The fee is \$25.00

**PROPERTY OWNER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

\*PHONE NUMBER: \_\_\_\_\_

\*Where you can be reached for questions or to schedule permission for a possible site visit.

**A COPY OF THIS FORM WILL BE RETURNED TO THIS ADDRESS**

**1. Location of parent parcel/tract(s) to be Combined:**

Address: \_\_\_\_\_ Parcel ID 3907-\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID 3907-\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID 3907-\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID 3907-\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. Attachments: All attachments must be included for application to be processed.**

Letter each attachment as shown here. Label each legal description to correspond with survey.

A. A survey or map/drawing of parent parcel/tract drawn to a scale of 1"=20', 1"=50', 1"=100', 1"=200', 1"=400', or 1"=1000'.

The scale used shall best represent the property and improvements. The survey or map/drawing will include the following:

1. The labeled proposed combination(s).
2. Dimensions of the proposed combination(s).
3. Scaled location of any improvements (buildings, wells, septic systems, etc.).
4. Existing and proposed road right of ways.

All the legal descriptions for the newly combined parcels will be labeled to correspond with the survey or map/drawing.

**3. Proposed Combination**

\_\_\_\_\_ **Combining for tax purposes only**      \_\_\_\_\_ **Combining with a Deed**

**4. Affidavit and permission for Comstock Charter Township, Kalamazoo County, and State of Michigan officials to enter the property for inspections:**

*I agree the statements made above are true, and if found not to be true this application and any approval will be void. Further I agree to comply with the conditions and regulations provided with this Combination. I understand this is only a combination which conveys only certain rights under the applicable local ordinances, and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.*

Township combination approval in no way guarantees the issuance of a building permit. If this Combination is approved, I understand Deeds or Land Contracts representing the approved combination may be required and recorded with the Register of Deeds, or any approval will be void.

\_\_\_\_\_  
**Property Owner(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner(s) Signature**

\_\_\_\_\_  
**Date**

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**OFFICE USE ONLY. Please do not mark in boxes below.**

New Parcel Identification Number(s): _____	
_____ <b>Approved:</b> Conditions, if any; _____	
_____ <b>Denied:</b> Reasons; _____	
_____ <b>Signature – Township Assessor</b>	_____ <b>Date</b>

<b><u>ZONING REVIEW:</u></b>	
_____ <b>Reviewed</b>	
<b>Recommend Approval:</b> _____	<b>Recommend Denial:</b> _____
Comments, if any _____	
_____ <b>Signature – Zoning Administrator</b>	_____ <b>Date</b>
<b><u>TREASURER'S REVIEW:</u></b>	
_____ <b>Reviewed:</b>	
Comments, if any _____	
<b>TAXES CURRENT:</b> _____ <b>YES</b>	_____ <b>NO</b>
_____ <b>Signature - Treasurer</b>	_____ <b>Date</b>