

Conway Township

8015 N. Fowlerville Road
PO Box 1157
Fowlerville MI 48836

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Fax 517-223-0533

zoningadmin@ConwayMI.gov



APPLICATION FOR LAND COMBINATION

Name: _____ **Date:** _____

Address: _____

Phone: _____

Email: _____

Property Owner Information:

Name: _____ **Date:** _____

Address: _____

Phone: _____

Email: _____

Location of parcels to be combined: _____

Address: _____

Parcel Number(s) _____

Legal Description(s) (Describe or Attach: _____

Proposed Combination to include the following: _____

Number of parcels to be combined: _____

Fee: _____ (Check fee schedule)

Acknowledgment

The undersigned acknowledges that any approval of the within application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved parcel combination is subject to such changes that may occur before the recording of the combination or the development of the parcels.

Property Owner or Authorized Representative's Signature Date

Witness of First Signature

State of _____

County of _____

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public

Commission Expiration Date of Notary Public

Property Owner or Authorized Representative's Signature

Date

Witness of Second Signature

State of _____

County of _____

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public

Commission Expiration Date of Notary Public

For Township use only:

Application Completed Date: _____ Approval Date: _____

Signature: _____

Denial Date: _____ Reason for denial: _____

| |
|-------------------------|
| Fee \$ _____ |
| Escrow \$ _____ |
| Date \$ Received: _____ |
| Check #: _____ |

Administration Fee: \$125