

Supervisor: 989-684-8931  
 Clerk: 989-684-8041  
 Treasurer: 989-684-8531  
 Fire Dept. 989-684-8504



Assessor: 989-684-7100  
 Inspection: 989-684-5427  
 Enforcement: 989-684-9700  
 Fax: 989-684-5644

## REQUEST TO COMBINE PARCELS

**NOTE:** In order to combine parcels all delinquent property taxes must be paid. **Title to the parcels must be held in exactly the same name.** All parcels must be in the same taxing unit. The parcels must be contiguous. Contiguously owned parcels of property located across a road, in different sections or different units of government cannot be combined for assessment purposes per MCL 211.24, MCL 211.25

**Additional Information:** Filing a request does not guarantee that the parcels will be combined. The combining of parcels does not necessarily affect the value that will be placed on your property for tax purposes. Combining parcels may affect the owner's ability to use the property per local zoning laws. The owner may want to check with zoning authority before making a request to combine parcels.

Date Received:	Application Fee:
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### 1. OWNER INFORMATION – NAME(S) AS THEY APPEAR ON DEED

Name(s):
Mailing Address:
Contact Phone Number(s): (        )        -        (        )        -

To the **Bangor Township Assessor:** I (we), the undersigned do hereby petition the Township Assessing Department for a combination of land as hereinafter requested and as a part of this petition, the following facts are shown.

### 2. PARCELS TO BE COMBINED

<b>PARCEL #1</b>	<b>GRANTEE/OWNER:</b> _____
Address (if applicable):	
Parcel Identification Number:	
Zoning District:	
Current Lot Size:	

**PARCEL #2**                      **GRANTEE/OWNER:** \_\_\_\_\_

Address (if applicable):
Parcel Identification Number:
Zoning District:
Current Lot Size:

**NOTE: IF ADDITIONAL PARCELS ARE INVOLVED WITH THIS REQUEST, PLEASE ATTACH A SEPARATE PIECE OF PAPER.**

Provide Ownership of Parcels to be combined by way of Recorded Liber/Page# or Instrument# or attach copies of Deeds: \_\_\_\_\_

**NOTE:** Approved combinations of parcels *will not have combined tax bills until the year following the date of approval.*

**3. ATTACHMENTS - PROPERTY SURVEY/PLOT PLAN & LEGAL DESCRIPTION**

- North Arrow, Date and Scale of not less than 1" = 100' feet.
- Location of Existing Structures/Improvements
- Existing and Proposed Parcel Boundaries and Legal Description of COMBINED Parcels

**4. APPLICABLE FEES - TERMS & CONDITIONS**

**A total fee of \$ 100.00**                      \*NOTE: All fees must accompany the application when submitted.

\*There is no charge if the combinations of parcel(s) are required to comply with the Bangor Township Zoning Ordinance and State of Michigan regulatory measures and/or if combination of a particular parcel is initiated by the Assessor.

- It is understood that an approval of combinations of parcels is not a determination or implication that any resulting parcels are buildable. All provisions of township ordinances and building requirements must be satisfied prior to approval of any development. Nor does approval determine that adequate water and septic/sewer capacity is available on the resulting parcels/lots.
- MCL 211.25 Sub Section 1(e): When two or more parcels of land adjoin and belong to the same owner or owners, they MAY be assessed by one valuation if permission is obtained from the owner/owners. The assessing authority shall send a notice of intent to assess the parcels by one valuation to the owner/owners. Permission shall be considered obtained if there is no negative response within thirty days following the notice of intent.

**5. AFFIDAVIT**

I/We agree the statements made above are true and accurate and if found not to be true or accurate, this application and any approval granted will be null and void.

I/We also understand that, once the property is combined, prior approval would be required from the township to divide the resulting property.

**Authorized Signature(s):**

OWNER/CO-OWNER

Signature:	Date:
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**~ DO NOT WRITE IN BELOW SECTION – FOR OFFICIAL TOWNSHIP USE ONLY ~**

**APPROVED/DENIED BY:**

Signature:	APPROVED: <input type="checkbox"/>
Printed Name/Title:	DENIED: <input type="checkbox"/>

If Denied, Reason for Denial: \_\_\_\_\_

Tentative Parcel Identification Number year following approved application

010- _____ - _____ - _____ - _____
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Revised: 10/2021