REYNOLDS TOWNSHIP
LAND COMBINATION APPLICATION

Land Combinations created throughout the year will be activated in March.

Tax Bills for the created combinations will be issued beginning with the July billing cycle.

NOTE: RELEASE FROM MORTGAGE/LIEN HOLDER REQUIRED

DATE: ____________________________
NAME: ____________________________

Please Provide the Legal Descriptions For Any Parcel Line Adjustments.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Any remaining portion of parcel shall be assigned a new parcel number. All new parcels shall comply with Public Act 591 of 1996 – minimum lot size, minimum road width, and length to width depth ratio.

Legal Description for Remainder of Parcel
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of Property Owner or Agent ____________________________ Date __________________________
Address __________________________________________________________________________________
City ............................................. State .............. Zip ..........................................................
Phone Number ____________________________ Fax ____________________________

Signature- Property Owner or Agent ____________________________ Date __________________________
Address __________________________________________________________________________________
City ............................................. State .............. Zip ..........................................................
Phone Number ____________________________ Fax ____________________________
THE ABOVE COMBINATION MAY NOT COMPLY WITH TOWNSHIP ZONING ORDANANCES; ZONING AND BUILDING PERMITS SHALL NOT BE ISSUED UNTIL COMPLIANCE WITH ALL ORDINANCES HAS BEEN SATISFIED.

ZONING ADMINISTRATOR SIGNATURE______________________________________________________________

(Please Circle)

Attachments:  Deed   Land Contract   Survey & Legal Descriptions   Proof of Ownership

TOWNSHIP ASSESSOR SIGNATURE______________________________________________________________

DENIED FOR THE FOLLOWING REASONS:

____________ 1) DOES NOT MEET MINIMUM LOT SIZE FOR ZONING DISTRICT

____________ 2) DOES NOT MEET LOT WIDTH FOR ZONING DISTRICT

____________ 3) DOES NOT MEET FOUR-TO-ONE WIDTH TO DEPTH RATIO

THE FOLLOWING VIOLATIONS OF THE ZONING ORDINANCE SHALL BE CORRECTED BEFORE ANY ZONING AND BUILDING PERMITS ARE ISSUED:

1) ___________________________________________________________________________________

2) ___________________________________________________________________________________

3) ___________________________________________________________________________________

ZONING ADMINISTRATOR SIGNATURE______________________________________________________________

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