



CITY OF WILLIAMSTON LOT COMBINATION APPLICATION

City of Williamston
Planning and Zoning Department
161 W. Grand River Avenue
Williamston, MI 48895
Phone: (517) 655-2774 Fax: (517) 655-2797

FEE: \$50.00

All questions must be answered completely and filed with the City Planning and Zoning Department.

1. Applicant Information

Name of Applicant: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Interest in Property (if not owner): _____

Name of Owner (if not applicant): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

2. Property Information

a. For the proposed new parcel resulting from the land combination, a sealed survey and property description prepared by a registered land surveyor *must* be submitted with the application.

b. Describe the current use of the property: _____

c. Describe the proposed use of the property. If no change from current use, state 'same':

The following information must be provided for each parcel to be combined.

	Parcel A	Parcel B	Parcel C	New Combined Parcel
Zoning District				
Existing Use				
Proposed Use				
Property Dimensions:				
Length				
Width				
Area				
Lot Coverage (%)				
Is the parcel legally conforming to all zoning standards?				
Is a legal description attached?				

I, the undersigned, depose that the foregoing statements and drawings are true and correct to the best of my knowledge. I, the undersigned, hereby authorize the City of Williamston or designated representative to enter the subject property in connection with this application, if necessary;

Signature of Property Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____