Parcel Combination Application

You MUST answer all questions and include all attachments, or this will be returned to you. Bring or mail to the Aurelius Township. Approval of a land combination is required before it will be processed.

Land Division Official **Aurelius Township** 1939 South Aurelius Road Mason, MI 48854-9729 Ph.# 517-628-2093

1.	PROPERTY OWNER information:					
	Name:		Phone #:			
	Address: #	, Road Name:				
	City:		State:		Zip Code	
2.	Permanent Parcel Num	nbers to be combined:	33 - 09 - 09			
			33 - 09 - 09			
			33 - 09 - 09			
			33 - 09 - 09			
			33 - 09 - 09			
			33 03 03 _			
3.	Address of parcel after	combination:				
l ag	D. Tax Certification AFFIDAVIT and permiss agree the statements may gree to comply with the officials of the Township, Courposes of inspection to and is not a representation	ership of all parcels to be ion from County Treasure sion for township officials de above are true, and if for conditions and regulations County and the State of Micrority the information on the or determination the result or conveyance of rights in	r of all parcels to be control to enter the property bound not to be true this provided with this parce chigan to enter the pro- the application is correct ulting parcel complies we	of for inspections application and tel combination. I perty where this t. Finally, I unde with other ordina	any approval will b Further, I agree to g parcel combination rstand this is only a nces or regulations	give permissio n for n is proposed for parcel combination , and does not
		rty Owner's Signature:			Date:	
_	NOT WRITE BELOW TH	IIS LINE!				
_	fical use only! np date rec'd	Fee Received:		_		
		Incomplete Application r	eturned date:	Resol	ved date:	
		Signature:			Date:	
			Approved	Denied	See at	tached letter.