

# CHARTER TOWNSHIP OF FENTON

12060 Mantawauka, Fenton MI 48430

Phone: 810-629-3445 Fax: 810-629-9736

## COMBINATION OR REPARTITION (OF PLATTED LOT) APPLICATION

You MUST answer all questions and include all attachments, or this application will be returned to you.

- The Township shall approve or disapprove the combination or re-partition applied for within 45 days after receipt of a complete application.
- Approval of a combination or re-partition is not a determination that the resulting parcels comply with other ordinances or regulations.
- If a combination or re-partition is approved that results in a parcel less than one acre in size, Fenton Township and its officers and employees are not liable if a building permit is not issued for the parcel for the reasons set forth in MCL 560.109a.

### 1. LOCATION of parcel proposed to be combined or re-partitioned:

Address	Street
Parcel Number 06-	
Legal Description of Parcel:	

### 2. PROPERTY OWNER Information:

Name	Phone	
Address		
City	State	Zip Code

### 3. APPLICANT Information: (if not the property owner):

Contact Person	Phone	
Address		
City	State	Zip Code

### 4. PROPOSAL:

COMBINATION	YES	(circle)
RE-PARTITION	YES	(circle)
<b>Taxes &amp; Special Assessments Must Be Current</b>		
<b>Attach survey and/or legals for each request</b>		

### 5. PROOF OF OWNERSHIP: (warranty deed, land contract, quit claim, etc)

### 6. FEE \$100.00

Property Owner's Signature	Date
Assessor's Signature	Date

**PLEASE NOTE: Combinations or re-partitions result in new parcel identification numbers. You MUST file a homeowner's Principle Residence Affidavit with the new number by December 31<sup>st</sup> to qualify for an exemption.**

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## ATTACHMENT TO COMBINATION OR REPARTITION APPLICATION

Parent Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_

### (For Office Use Only)

#### Special Assessments

If the parent parcel being divided has any outstanding interest bearing special assessments, the balance must be paid in full prior to approval of the land division (SW Sewer, Road Paving, Silver Ridge Wall, etc.)

\$ \_\_\_\_\_ Principal balance owing on Special Assessment for  
\_\_\_\_\_

\$ \_\_\_\_\_ Interest owed on above Special Assessment through  
\_\_\_\_\_ @ \_\_\_\_\_ %

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

If you have an e-mail address, please share it with us. When asking questions, and needing answers, this can be a quick method of communication.

