

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)
Taxes & Special Assessments Must Be Current		
Attach survey and/or legals for each request		

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 31st 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.

**CHARTER TOWNSHIP OF FENTON
RESOLUTION NO. 2003-21**

WHEREAS, on November 6, 2000 the Fenton Township Board adopted Resolution No. 2000-40, establishing a policy statement that assigns the responsibility for payment of real estate property taxes for a given parcel, for the year in which that parcel is divided, to the owner of the original parcel, and

WHEREAS, said policy statement references real estate property taxes due and payable on December 1st of each year, and

WHEREAS, Public Act 243 of 2002 mandates the collection of summer property taxes throughout the State of Michigan, with a due and payable date of July 1st each year;

THEREFORE BE IT RESOLVED, that the Charter Township of Fenton hereby adopts the following revised policy statement:

The payment of property taxes, which are due and payable on July 1st and December 1st of any given year, for any parcel of real property that has been divided and sold during that same year, shall be the responsibility of the record owner of said property at the time the application to divide the property is submitted to the Charter Township of Fenton.

BE IT FINALLY RESOLVED, that this policy statement shall be included in all applications for land division, applications for condominium development and applications for platted subdivisions. As a part of the application process, the applicant shall sign a statement acknowledging this policy and accepting responsibility for payment of property taxes.

Motion to adopt Resolution No. 2003-21 as presented.

Motion by: Mueller

Seconded: Garfield

Ayes: Gabrielson, Mueller, Garfield, Brancheau, Krug, Mathis, McKenna

Nays: None

Motion carried. Resolution declared adopted.

STATE OF MICHIGAN)
) SS:
COUNTY OF GENESEE)

I, the undersigned, the duly qualified Deputy Clerk of the Charter Township of Fenton, Genesee County, Michigan, do hereby certify that the foregoing is a true and complete copy of a Resolution adopted by the Charter Township of Fenton Board of Trustees at a regular meeting held on the 18th day of August 2003, the original of which is on file in the office of the Township Clerk.

IN WITNESS WHEREOF, I have hereunto affixed my official signature this 19th day of August 2003.

Thomas Broecker, Deputy Clerk

Sign _____
Date _____