



Milton Township

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APPLICATION TO COMBINE PARCELS

Property Location/Address: _____

Parcel/Property ID#s: _____

Name of Owner: _____

Name of Applicant: _____

Phone: _____

Address of Applicant: _____

Applicant's Interest in the Property if not the Owner:

Signature of Applicant: _____ Date: _____

BASIS OF REQUEST TO COMBINE PARCELS APPLICATION:

Please attach a legal description of the property and a site plan drawn to scale showing the dimensions of the property and the location of all existing improvements. In some cases, Legal Surveys of the parcels and the proposed new parcel may be required. (Note: Fees as listed on the Milton Township Schedule of Fees must accompany this application.)

For Office Use Only

Date of Review by Zoning Administrator /Application Complete: _____

Zoning Administrator Decision/Signature: _____

Stipulations/Conditions _____

Date of Review by Assessor: _____

Recommendations/Decision: _____

Signature: _____

Date of County Action: _____

County Action: _____

Approved/Denied and Date: _____