

CITY OF MUSKEGON – PLANNING DEPT.

933 Terrace St. Room 202, Muskegon, MI. 49440

(231) 724-6702 (Office)

LEGAL LAND COMBINATION OR BOUNDARY ADJUSTMENT NOTIFICATION

AS THE PROPERTY OWNER I AM REQUESTING THE FOLLOWING:

EFFECTIVE FOR TAX YEAR 20____

☐ There will be a split: ☐ There will be a boundary adjustment: ☐ There will be a combination:

PARCEL # 61-24-_____ ADDRESS _____
(Structure)

PARCEL #61-24-_____ ADDRESS _____
(Vacant Lot)

PARCEL #61-24-_____ ADDRESS _____
(Vacant Lot)

1. I AM AWARE THAT I MAY NOT BE ABLE TO SPLIT THESE PARCELS IN THE FUTURE.
2. I AM AWARE THAT IF THERE ARE ANY DELINQUENT PROPERTY TAXES OWED ON ANY OF THE PARCELS LISTED; THEY CANNOT BE SPLIT OR COMBINED UNTIL THEY ARE PAID.
3. I AM AWARE THAT IF THERE IS ANY KIND OF MORTGAGE/LAND CONTRACT ON ONE OR MORE OF THESE PARCELS; THEY CANNOT BE SPLIT OR COMBINED UNTIL THEY ARE COMBINED IN A MORTGAGE/LAND CONTRACT.
4. **ALL FEES OWED TO THE COUNTY OR CITY MUST BE PAID IN FULL PRIOR TO ANY COMBINATION OR SPLIT MAY BE APPROVED.**

(MUST BE COMPLETED & INITIALED BY STAFF ONLY.)

Fees:	Delinquent Taxes to County:	Yes	No	_____
	Taxes to the City Treasurer:	Yes	No	_____
	Streetlight/Other Assessment:	Yes	No	_____
	Water/Sewer Billing:	Yes	No	_____
	Other fees:	Yes	No	_____

ALL SPLITS MUST BE APPROVED BY THE PLANNING DEPARTMENT.

OWNERS SIGNATURE

DATE

MAILING ADDRESS

PHONE #

PLANNING DEPT APPROVAL:

SIGNATURE _____ TITLE _____ DATE _____