

Conway Township

8015 N. Fowlerville Road

PO Box 1157

Fowlerville MI 48836

Phone 517-223-0358

Fax 517-223-0533

Date

APPLICATION FOR LAND COMBINATION

Name: _____ Date: _____
Address: _____
Phone: _____ Fax _____
Email: _____

Property Owner Information:

Name: _____ Address: _____
Phone Number: _____ Zip Code: _____
Email: _____

Location of parcels to be combined:

Address: _____
Parcel Number(s) _____
Legal Description(s) (Describe or Attach) _____

Proposed Combination to include the following:

Number of parcels to be combined

Acknowledgment

The undersigned acknowledges that any approval of the within application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved parcel combination is subject to such changes that may occur before the recording of the combination or the development of the parcels.

Property Owner's Signature

Date

Date