

# 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 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

2/6/2024

DATE