



City of Port Huron APPLICATION FOR A LOT COMBINATION

Owner Name and Address _____ Date _____ Telephone Number _____

Applicant Name and Address (if different than owner) _____ Date _____ Telephone Number _____

Listed below are the properties *to be combined* (attach survey if possible):

Parcel 1 Property Number: 74-06- _____ Address: _____

Lot Dimensions and Area: _____ x _____ = _____ Type of structures on lot: _____

Parcel 2 Property Number: 74-06- _____ Address: _____

Lot Dimensions and Area: _____ x _____ = _____ Type of structures on lot: _____

Parcel 3 Property Number: 74-06- _____ Address: _____

Lot Dimensions and Area: _____ x _____ = _____ Type of structures on lot: _____

Parcel 4 Property Number: 74-06- _____ Address: _____

Lot Dimensions and Area: _____ x _____ = _____ Type of structures on lot: _____

Please indicate area of each lot in square feet or acres. Attach an additional sheet if necessary for more parcels.

Proposed Legal Description of Combined Parcel: _____

Lot Dimensions and Area of Combined Parcel: _____ x _____ = _____

Are all current and prior year's taxes paid in full? Yes _____ No _____

NOTE: All taxes must be paid in full before lot split will be approved. Combinations take effect the following tax year.

Signature of Owner _____ Signature of Applicant (if other than owner) _____

If applicable, name, title, and signature of land contract holder, lender, mortgage holder, etc: _____

FOR OFFICE USE ONLY

_____ City Planning Director	_____ Date	Approved	Disapproved
_____ City Treasurer	_____ Date	Approved	Disapproved
_____ City Assessor	_____ Date	Approved	Disapproved

Remarks: _____

cc: Planning Dept. (orig.) \$120.00 Non-Refundable Deposit **DATE**
Applicant Paid on Receipt #: **RECEIVED**
Assessor **(STAMP):**