



4303 S. Center Rd.
Burton, MI 48519
Phone: (810)743-1500
Fax: (810)743-5060

Application Fee \$50.00
Each Additional Parcel over 2 \$25.00
Effective- January 7, 2013

City of Burton

Land Combination Application

PLEASE TYPE OR PRINT

LEGAL OWNER

_____	_____	_____	
Name	Phone	Fax	
_____	_____	_____	_____
Address	City	State	Zip

*****APPLICANT***** (If different from Owner)

_____	_____	_____	
Name	Phone	Fax	
_____	_____	_____	_____
Address	City	State	Zip

_____	_____
Signature of Legal Owner	Date

_____	_____
Signature of Applicant	Date



***** If the Applicant is not the Legal Owner of the property, a notarized statement signed by the Owner, authorizing the Applicant to represent Ownership interest must be filed with this application.*****

******Any split/combination requests where only one parcel is in the DDA or in different school districts cannot be processed. Separate parcel numbers will be retained. Combination requests cannot be accomplished for a County Land Bank sale.******

Attached is the Land Combination Application supplement. Please provide the supplement to the Michigan licensed professional that prepares the survey that this procedure requires.

Parent Parcel Information

 How many parcels are involved in the combination? _____

 Parcel Address(s): _____
This may include more than one parcel being combined.

 Parcel Number(s) involved/affected:
59-_____ 59-_____ 59-_____ 59-_____

 What is the purpose of this Combination? Please give a detailed description of what is happening with the parcel(s).

 What is the zoning classification of the properties involved? _____

 Does the public sewer & water system serve the properties? Yes No

 Are you the Legal Owner of the properties? Yes No

 Have the properties sold? Yes No
The property cannot be sold until the combination has been approved

 Are the parcel(s) currently under appeal with the Michigan Tax Tribunal? Yes No

 Are the property taxes paid up to the date? Yes No

****Please attach a typed legal description of each resulting parcel to the completed application before it is submitted to the Assessor's Office.****

Future Tax Bill Mailing Addresses for Newly Created Parcels



A. Parcel #1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____



B. Parcel #2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____



C. Parcel #3

Name: _____
Address: _____
City: _____ State: _____ Zip: _____



D. Parcel #4

Name: _____
Address: _____
City: _____ State: _____ Zip: _____



In the last 10 years, have any of the parcels been subject to a land division? Yes No



If you answered YES to the question above, please list the land division(s) that was taken place, be sure to include the parcel number and the year the division took place.

Original Parcel # _____ Year Divided _____

You MUST provide the following items with your application to the Assessor's Office:

Owner/Applicant
Initials

Assessing Office
Initials

Receipt showing ALL fees have been paid for this application. You may pay the required fees at the Treasurer's Department at Burton City Hall.

Two copies of the legal description of the original parcel(s).

Two copies of the legal descriptions of the parcels to be created by the combination.

Names and addresses for each parcel for future tax billing purposes.

List previous divisions of the parcels in the last ten years, if any. (see page 3)

Provide proof of payment of current and previous three years of property taxes. **Winter of current year MUST be paid by December 31 for combination to have a final approval.**

In addition, any other information as deemed necessary per Ordinance No. 157.091.

A release from the Mortgage Company stating the property can be combined/divided OR documentation showing that there is not a mortgage on the property. This is for ALL properties involved in the combination/division. If the property is being added to another piece that contains a mortgage, the mortgage company must submit a letter approving us to change the legal description.



You will need to print and return this entire completed application along with the required documentation to the:

City of Burton- Assessment Department

4303 S. Center Rd.

Burton, MI 48519

Any questions please feel free to contact our

Assessment Office

Monday-Friday 9:00am-5:00pm

at (810)743-1500 ext.1351