



VILLAGE OF LAWTON LAND COMBINATION APPLICATION

Number of Original Parcels: _____ Number of New Parcels: _____

OWNER AND APPLICANT INFORMATION

Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applicant Name, If Not Owner:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

AFFIDAVIT: I agree that the statements made within this application are true, and if found not to be true this application and any approval will be void. I agree to comply with the conditions and regulations required for this land division, combination, or boundary line adjustment. I agree to give permission for officials of the Village of Lawton, Van Buren County, and the State of Michigan to enter the property where this land division, combination, or boundary line is proposed for purposes of inspection to verify that the information on the application is correct at a time mutually agreed upon. Finally, I understand this is only a land division, combination or boundary line adjustment, which conveys only certain rights under the applicable local land division ordinance, local zoning ordinance, and the State Land Division Act (Act 288 of 1967, as amended) and does not include any representation or conveyance of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Approval of this application does not guarantee compliance with the Village of Lawton Zoning Ordinance, guarantee issuance of a building permit or any other requirement. If this application is approved, I understand zoning, local ordinances, and State Acts change from time to time, and if changed the land division, combination or boundary line adjustment made here must comply with the new requirements (apply for approval again) unless deeds, land contracts, leases or surveys representing the approved divisions are record with the Van Buren County Register of Deeds or the resulting land division, combination or boundary line adjustment is built upon before the changes to laws are made.

Signature of Owner: _____ Date: _____

Signature of Applicant (If Different): _____ Date: _____

PARENT/ORIGINAL PARCELS:

Parcel 1: 80-45-____ - ____ - ____ **Parcel 2:** 80-45-____ - ____ - ____

Parcel 3: 80-45-____ - ____ - ____ **Parcel 4:** 80-45-____ - ____ - ____

Properties are zoned: _____

Which Address are you requesting to keep upon combination?

Reason for Land Combination Request:

Are there any Existing Structures on any of the original Parcels?

Yes No

Is the land combination pursuant to the sale of any of the original parcels?

Yes No

Are there deed restrictions or private easements associated with any of the parcels?

Yes No

Is there a mortgage associate with any of the original parcels?

Yes No

Are all property taxes, accounts receivable and/or special assessments paid?

Yes No

Is there a Principal Residence Exemption (PRE) on any of the parcels?

Yes No

Will you be claiming a PRE on the new child parcel?

Yes No

LAND COMBINATION REVIEW AND APPROVAL PROCESS:

1. Applicant shall secure tax certification from the Van Buren County Treasurer’s Office.
2. Applicant will submit the following with fee and application:
 - a. Proof of Ownership: A recorded deed for each parcel, or a letter of permission from the owner
 - b. Survey Map: A scaled map of the proposed parcels, prepared by a licensed surveyor or civil engineer
 - c. Section Map: Two copies of a section map showing the parcels to be combined
 - d. Affidavit: A completed and notarized Lot combination or Boundary Adjustment Affidavit
 - e. Payment of taxes: All property taxes, accounts receivables, and special assessments must be paid and up to date.
 - f. Approval from Mortgage Company or Land Contract Holder: If there is a mortgage or land contract on the property, you must obtain written approval from the relevant party.
3. Village Shall:
 - a. Conduct a completeness review.
 - b. Assessor Review
 - c. Zoning Administrator will review and provide rejection or approval within 45 days of completeness review.
4. Applicant shall record land combination or boundary adjustment and transfers with the Van Buren County Register of Deeds.
5. Township Assessor completes land division for the assessment roll the year after approval.
6. For zoning information, please contact the Village Manager at 269-624-6407 or email thackenberg@lawtonmi.org.

TO BE COMPLETED BY VILLAGE		
Date application and fee received and accepted:	Staff Initials:	
Tax Certification provided from County Treasurer’s Office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any real property taxes outstanding on any original parcel(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list parcel(s) and outstanding amount:		
Are any special assessments outstanding on any original parcel(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list parcel(s) and outstanding amount:		
New Parcel Number: 80-45- _____ - _____ - _____	Property Address:	Zoned as:
Staff Review Signature:		Date: