



SPLIT OR COMBINATION OF PROPERTY APPLICATION

PROPERTY OWNER INFORMATION

 Name Driver's License/State ID # - State Issued
(Copy of Driver's License/State ID required)

 Address - Street # Street Name **CENTER LINE, MI** **48015**
City State Zip Code

 Property Owner Mailing Address *(IF different than property address) (Must be street address, PO Box not allowed)*

 Home Phone Cell Phone Work Phone

 FAX # Email

PARCEL NUMBER(S) TO BE SPLIT OR COMBINED (Circle One):

 PARCEL #1 (to be split or combined) PARCEL #2 (if combined)

 ADDRESS – PARCEL #1 *(to be split or combined)* ADDRESS – PARCEL #2 *(if combined)*

Parcel numbers are located on your property tax bill and is in the following format: 01-13-XX-XXX-XXX
(Macomb County Treasurer must certify that there are no liens or taxes owed on parcels considered for split or combination)

Please supply the City Assessor with the following information:

1. Legal description of parcel(s) involved in split or combination
2. Drawing or survey of parcel(s) as they currently stand
3. Drawing or survey of parcel(s) after split (if applicable)

NOTE: Surveys must show all building with distance to proposed parcel boundaries

I, _____, hereby request that the above parcel(s) be **split/combined (circle one)**. I understand that I am responsible for providing the items listed above prior to receiving final approval for this request.

 Property Owner Signature

Subscribed and sworn to before me on this _____ day of _____, 20__.

 Notary Public
 My Commission Expires: _____

Macomb County Treasurer Certification

Office Use Only – Approval of Request

 City Assessor Date

 City Manager/Clerk Date

7070 E. 10 Mile Rd., Center Line, MI 48015 – 586-757-6800
“Small-town Lifestyle in the Heart of Metro-Detroit”