



City of Albion
Planning Department
112 West Cass Street
Albion, Michigan 49224

(517) 629-7451 (voice)
(517) 629-7452 (fax)

CITY OF ALBION, MICHIGAN APPLICATION FOR LAND COMBINATION APPROVAL

Contact Information:

Name of Applicant: _____
Mailing Address: _____
Phone Number: _____

Property Owner (if different than applicant): _____
Mailing Address: _____
Phone Number: _____

Location of the parcels to be combined (attach additional pages if necessary):

Address: _____
Parcel Number: _____
Legal Description (attach if necessary):

Address: _____
Parcel Number: _____
Legal Description (attach if necessary):

Number of parcels to be combined: _____
Intended Use: _____
Current Zoning: _____
Availability and Location of Water and Sanitary Sewer Services:

Each parcel created by the combination has access via (check one):

- Frontage on an existing public road
- A new public road (proposed road name):

- A private road/easement (name of road):
- A recorded shared driveway/easement

Check any of the development site limits that exist on any part of the parcels to be combined:

- Riparian or littoral (river or lake front parcel)
- Includes any woodland areas
- Within a flood plain
- Includes slopes greater than 25% (1-4 pitch)
- Contains muck soils having severe limitations for development
- Contains any known contaminated soils

Describe any existing improvements that are on parcels to be combined:

Attach a legal description for each new parcel to this application. If applicable, attach a legal description of a new road, easement or shared driveway.

A certified survey, sealed by a professional land surveyor is required for parcels that have never been platted or legally described.

Affidavit and permission to enter property for inspection: I agree the statements made herein are true and if found not to be true, this application and any approval will be void. Further, I agree to comply with the conditions and regulations provided with this parent parcel division. I give permission for City officials to enter the property for the purposes of inspection to verify the information contained in this application at a time mutually agreed with the applicant and/or property owner. I understand that approval of this application by the City does not convey any rights in the building code or municipal zoning ordinance and that any development which may occur as a result of this land division is subject to applicable regulations which may apply at the time a zoning and/or building permit is requested.

Signature of Property Owner

Date

CITY PLANNING DEPARTMENT USE ONLY

Date Received:

- Approved without conditions
- Conditional approval pending submittal of certified survey map
- Approval with following conditions:

_____ Denied (reason/s):

Signature

Date of Approval

Designated Official

FOR CONDITIONAL APPROVAL PENDING SUBMITTAL OF CERTIFIED SURVEY MAP

Date Certified Survey Map Received:

Signature

Date of Approval

Designated Official