

LAND COMBINATION APPLICATION  
Lawrence Township – Van Buren County

\*\* Please complete all questions and include all attachments, or this application will be returned to you.

When completed, bring or mail to:

**Lawrence Township – Land Division**  
**205 N Paw Paw**  
**PO Box 442**  
**Lawrence, MI 49064**

**Questions should be directed to: Associated Governmental Services (AGS)**

**Phone: (800) 627-2801, Ext 206 Email: [agszoning@gmail.com](mailto:agszoning@gmail.com)**

In the box below, fill in where you want this form sent, when the review is completed.

Name: _____
Address: _____
City/State/Zip: _____
eMail _____ Phone# _____

This form is designed to comply with applicable local zoning, land division ordinances and §109 of the Michigan Land Division Act (formerly the subdivision control act. P.A.288 of 1967, as amended (particularly by P.A. 591 of 1996), MCL 560.101 et seq.)

**APPLICATION FEE:** – Base Fee \$70.00 (If more than 1 hour required, applicant will be billed an additional \$70 per hour). The fee is non-refundable for void or denied applications. Check payable to: **LAWRENCE TOWNSHIP.**

**OFFICE USE ONLY, PLEASE DO NOT MARK IN BOXES BELOW.**

PARCEL ID#(S) \_\_\_\_\_

**APPROVED:** CONDITIONS, IF ANY \_\_\_\_\_

**DENIED:** REASONS \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE – LAND DIVISION ADMINISTRATOR**

\_\_\_\_\_  
**DATE**

1. PARCEL ID#’S OF ALL PARCELS TO BE COMBINED:

\_\_\_\_\_

2. IS ANY OF THE PROPERTY ENROLLED IN A PA 116 PROGRAM WITH THE STATE OF MICHIGAN?

\_\_\_\_\_

3. PROPERTY OWNER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ EMAIL: \_\_\_\_\_

4. ATTACHMENTS: (ALL ATTACHMENTS **MUST** BE INCLUDED FOR APPLICATION TO BE PROCESSED). LETTER EACH ATTACHMENT AS SHOWN HERE. LABEL EACH LEGAL DESCRIPTION TO CORRESPOND WITH SURVEY.

A. A SURVEY OR MAP/DRAWING OF PARENT PARCEL DRAWN TO A SCALE OF 1”=20’, 1”=50’, 1”=100’, 1”=200’, 1”=400’, OR 1”=1000’. THE SCALE USED SHALL BEST REPRESENT THE PROPERTY AND IMPROVEMENTS. IF A MAP/DRAWING IS SUBMITTED THE FORTY-FIVE (45) DAY TIME LIMIT IS WAVED. THE ZONING ADMINISTRATOR MAY REFUSE ANY MAP/DRAWING.

THE SURVEY OR MAP/DRAWING WILL INCLUDE THE FOLLOWING:

1. PARENT PARCEL BOUNDARIES AS OF MARCH 31, 1997.
2. ALL PREVIOUS DIVISIONS MADE AFTER MARCH 31, 1997.
3. THE LABELED PROPOSED DIVISIONS.
4. DIMENSIONS AND ACREAGE OF THE PROPOSED DIVISIONS.
5. SCALED LOCATION OF ANY IMPROVEMENTS (BUILDINGS, WELLS, SEPTIC SYSTEMS, ETC.).
6. EXISTING AND PROPOSED ROAD RIGHT OF WAYS.

B. A LEGAL DESCRIPTION FOR THE PARCEL ONCE COMBINED WITH DIMENSION AND ACREAGE.

**AFFIDAVIT** – I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL WILL BE VOID. FURTHER I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY WHERE THIS PARCEL COMBINATION IS REQUESTED FOR PURPOSES OF INSPECTION TO VERIFY THAT THE INFORMATION ON THE APPLICATION IS CORRECT AT A TIME MUTUALLY AGREED WITH THE APPLICANT. I UNDERSTAND THIS IS ONLY A PARCEL COMBINATION AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUTE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTION OR OTHER PROPERTY RIGHTS. TOWNSHIP LAND DIVISION APPROVAL IN NO WAY GUARANTEES THE ISSUANCE OF A BUILDING PERMIT.

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER(s) REQUESTING COMBINATION**

**DATE**