

**KEARNEY TOWNSHIP**  
**PARCEL COMBINATION REQUEST APPLICATION**

**Complete the entire application. Incomplete applications will be returned.**

**Please deliver completed application and applicable fee to the Zoning Administrator:**

Mail: P.O. Box 51, Bellaire, MI 49615

Drop Box: 4820 Aero Park Drive, Bellaire, MI

Email: [za@kearneytownshipmi.gov](mailto:za@kearneytownshipmi.gov)

Phone #: (231) 533-5719, Ext. 5

**Fees:** Application Fee: \$100

**Please note:** All property owners must be identified, provide contact information and sign this application.

Ownership of all parcels to be combined must be identical in order to complete the application process.

Owners are responsible for complying with any and all Homeowners Association (HOA) ByLaws and any other HOA related requirements.

Owners are required to have all outstanding property taxes, paid in full, prior to submitting this application.

Your application will not be reviewed until receipt of the Application Fee. Fees are non refundable.

**Location of parcels to be combined:**

Address (if available): \_\_\_\_\_

Parcel Numbers to be combined: \_\_\_\_\_

Legal Description of parcels to be combined (copy of deeds and/or survey can be attached in lieu of writing out the legal descriptions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Contact Information:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address(es):  
\_\_\_\_\_

**Acknowledgement and Permission for Township officials to enter property, if needed.**

By signing below, I (we) acknowledge that I (we) is (are) the only owner(s) of each of the parcels listed above. Further, I (we) understand I (we) must comply with any and all applicable HOA ByLaws or other HOA requirements. I (we) have paid in full all outstanding property taxes. In addition, I(we) authorize Township officials to enter the property, where the above referenced parcels will be combined, if needed, to make a determination regarding this application.

Property Owner(s) Signatures: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**Reviewers' Actions**

Total Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

\_\_\_\_\_ Approved Comments, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Denied Reason(s): \_\_\_\_\_

\_\_\_\_\_

Township Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Township Zoning Administrator: \_\_\_\_\_

Date: \_\_\_\_\_