



City of Port Huron
APPLICATION FOR A LOT COMBINATION

Date Received Receipt #: (\$120.00 Non-Refundable Fee)

Owner Name and Address Date Telephone Number

Applicant Name and Address (if different than owner) Date Telephone Number

Listed below are the properties to be combined: (attach survey if possible)

Parcel 1 Property Number Address

Lot Dimensions and Area x = Type of structures on lot

Parcel 2 Property Number Address

Lot Dimensions and Area x = Type of structures on lot

Parcel 3 Property Number Address

Lot Dimensions and Area x = Type of structures on lot

Parcel 4 Property Number Address

Lot Dimensions and Area x = Type of structures on lot

Please indicate area of each lot in square feet or acres. Attach an additional sheet if necessary for more parcels.

Proposed Legal Description of Combined Parcel :

Lot Dimensions and Area of Combined Parcel

Are all current and prior years taxes paid in full?

PLEASE NOTE: All taxes must be paid in full before lot split will be approved. Combinations will take affect the following tax year.

Signature of Owner

Signature of Applicant (if other than owner)

FOR OFFICE USE ONLY

City Planning Director Date [] Approved [] Disapproved

City Treasurer Date [] Approved [] Disapproved

City Assessor Date [] Approved [] Disapproved

Remarks: