



LOT COMBINATION REQUEST FORM

APPLICANT/PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

1. PARCEL NUMBER 41-____ - ____ - _____ - _____

PROPERTY ADDRESS: _____

2. PARCEL NUMBER 41-____ - ____ - _____ - _____

PROPERTY ADDRESS: _____

3. PARCEL NUMBER 41-____ - ____ - _____ - _____

PROPERTY ADDRESS: _____

4. PARCEL NUMBER 41-____ - ____ - _____ - _____

PROPERTY ADDRESS: _____

Attach copies of property descriptions requesting to combine. Attach copies of Recorded Deed to prove ownership rights. The number of divisions of parent parcels is not affected due to the combination of parcels.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Zoning Administrator: _____ Date: _____

Assessor: _____ Date: _____

APPLICATION FEE: \$100.00 Note: Electronic file/pdf is required on all applications (submit via email).

TO BE COMPLETED BY THE ADA TOWNSHIP PLANNING DEPARTMENT

Application received: _____ by: _____

Application fee of \$_____ received: _____ by: _____ Check No: _____

Receipt No: _____

Updated 12/21/2023 (f:\users\planzone\app&forms\app templates)