



St. Joseph Charter Township
3000 Washington Ave
P.O. Box 147
St. Joseph, Mi 49085
Telephone (269) 429-7703
Fax (269) 429-2079

APPLICATION FOR LAND COMBINATION

Name _____ Date _____

Address _____

Phone Number _____ Fax Number _____

1. Location of parcels to be combined: Address _____
Parcel Number(s) _____
Legal Description(s) (Describe or Attach) _____

2. Property Owner Information:

Name: _____ Address _____
Phone Number _____ Zip Code _____

3. Proposed Combination to include the following:

Number of parcels to be combined _____

4. Fee: \$200.00

Acknowledgment

The undersigned acknowledges that any approval of the within application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved parcel combination is subject to such changes that may occur before the recording of the combination or the development of the parcels. **I also understand that it is my responsibility to take this document to the Berrien County Land Description Office and pay any fees as required by the County to complete this combination.**

Property Owner's Signature _____ Date _____

Combination Approved: _____ Date _____

