

Garfield Township COMBINATION APPLICATION FORM
(This is an administrative fee for set up of new parcel and GIS changes)
Filing Deadline is December 1st for the following tax year

Date: _____

Non-Refundable Application Fee: \$200 (Includes \$150 Administrative Fee for one combination and \$50 Zoning Review). Each Additional Combination: \$100 (Refundable if denied).

List all parcels being combined along with the dimensions in feet and acreage of all parcels being combined attached on a map for review by processor.

<i>Parcel Numbers being combined</i>	<i>Size of Parcel in feet/acres</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Street Address of Parcels: _____

In Order to combine properties, you must first ensure:

- Parcels are of the same property class
- All parcels are under the same ownership
- Parcels are contiguous and are located in the same township, section, and range
- Property taxes are current

You Must fill form out completely including new description of parcel being combined, survey or map drawn to scale of proposed combination along with location of all buildings, well, septic, drive on map, with completed, signed combination application form and all documents requested including paid receipt of tax bills being combined or application will be returned to you

Property Owner Information

Name: _____
Address: _____

Phone Number: _____
E-MAIL: _____

Proposed New Description of combined Parcel:

Reason for Combining Parcels: (Parcels will not be combined to create one tax bill.)

This Application Must be filled out in full and include:

- ***New Legal description of combined Parcel
- ***Survey required or an Approved Map drawn to scale with dimensions, acres and all buildings and utility's and driveway included
- ***Copy of Paid receipt of current tax bills being combined
- ***Check made payable to Garfield Township with the applicable fees.
(for example: parent parcel plus two other parcels, fee \$300.00)
- *** Upon approval, Property Owner must record deed with Mackinac County Register of Deeds conveying combination for which this application was granted within **90 days** of approval by the township or the combination is withdrawn and no longer valid.

Property Owner's Signature _____ **Date:** _____

By signing, you authorize the township to visit parcel for inspection & approval purposes.

[FOR ADMINISTRATION AND TOWNSHIP USE ONLY]

Combination Check List

- | | |
|--|---|
| ___ Property Ownership same all parcels | ___ Same Property Class all Parcels |
| ___ Building Improvements on parcels/ mapped | ___ PRE |
| ___ Taxes Paid up to Date | ___ Zoning: Subject to all Township zoning |
| ___ Hiawatha Sportsman's Club Review | |

REVIEWERS ACTION

_____	Date Received
_____	Reference Number
_____	Date Reviewed
_____	Approved
_____	Denied/Reason

Reviewers signature and date: _____

Return to: Janet Maki-MAAO Assessor, 6402 Co Rd 457, Newberry MI, 49868

GARFIELD TOWNSHIP ZONING APPLICATION

DATE OF APPLICATION _____ PERMIT # 2026-_____

OWNER INFORMATION: LEGAL NAME: _____ LEGAL ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____	SITE INFORMATION: PROPERTY TAX #: _____ PHYSICAL LOCATION: _____ EMAIL ADDRESS: _____
---	---

APPLICATION FOR:

<input checked="" type="checkbox"/> ZONIG COMPLIANCE	25.00	ZONING ADMINISTRATOR
<input checked="" type="checkbox"/> SITE PLAN REVIEW	25.00	TWP PLANNING COMMISSION/TWP BOARD
<input type="checkbox"/> CLASS "A" NON-COMFORMING USE	200.00	ZONING BOARD OF APPEALS
<input type="checkbox"/> ZONING VARIANCE	200.00	ZONING BOARD OF APPEALS
<input type="checkbox"/> LAND DIVISION APPROVAL	175.00	TWP PLANNING COMMISSION/TWP BOARD
<input type="checkbox"/> CONDITIONAL USE PERMIT	200.00	TWP PLANNING COMMISSION/TWP BOARD
<input type="checkbox"/> SUBDIVISION	250.00*	TWP PLANNING COMMISSION/TWP BOARD
<input type="checkbox"/> RE-ZONING OR TEXT AMENDMENT	250.00*	TWP PLANNING COMMISSION/TWP BOARD
TOTAL FEES	\$ _____	PAYABLE TO: GARFIELD TOWNSHIP

AFFIDAVIT:

I, _____ (OWNER) **AUTHORIZE** _____ **TO ACT AS MY AGENT TO APPLY FOR AND SIGN APPLICABLE GARFIELD TOWNSHIP ZONING PERMITS:**

OWNER: _____ **WITNESS:** _____ **DATE:** _____

THE PURPOSE OF ZONING IS REGULATE THE PLACEMENT AND USE OF STRUCTURES IN GARFIELD TOWNSHIP

GARFIELD TOWNSHIP ZONING ORDINANCE IS ACCESSIBLE BY SEARCHING: "MACKINAC COUNTY", THEN "LOCAL GOVERNMENTS", THEN "TOWNSHIPS", THEN "GARFIELD TOWNSHIP", THEN "ZONING ORDINANCE". THERE IS ALSO A MAPPING SYSTEM "FETCH (GIS)" THAT SHOWS LOT DIMENSIONS AND PROPERTY TAX NUMBERS AND OWNERS OF PROPERTY IN GARFIELD TOWNSHIP.

LOT SIZE

ROAD FRONTAGE: _____ **FEET** **IS PROPERTY ADJACENT TO A STREAM OR LAKE: YES** ___ **NO** ___

DEPTH: _____ **FEET** **NEAREST ADJACENT ROAD:** _____

DISTANCE BUILDING WILL BE AWAY FROM STREAM OR LAKE: _____ **FEET**

SITE PLAN INFORMATION

INTENDED USE FOR BUILDING: _____

ACTUAL SIZE OF BUILDING: WIDTH: _____ FEET, LENGTH: _____ FEET, HEIGHT: _____ FEET

(PLEASE SKETCH YOUR PROPERTY SHOWING THE PLACEMENT OF BUILDING AND ADJACENT ROAD)

DISTANCE FROM ROAD RIGHT A WAY (FRONT): ____ FT
DISTANCE FROM SIDELINES: _____ FT _____ FT
DISTANCE FROM REAR OR STREAM OR LAKE: _____ FT



THE UNDERSIGNED ACKNOWLEDGES THAT THE INFORMATION IS TRUE TO THE BEST OF THEIR KNOWLEDGE AND THAT THEY HAVE BEEN PROVIDED APPROPRIATE INFORMATION CONCERNING THE ZONING COMPLIANCE AS WELL AS COPIES OF THE APPLICABLE ORDINANCE REQUIREMENTS. IN ADDITION, THE APPLICANT HEREBY GRANTS PERMISSION FOR THE MEMBERS OF THE GARFIELD TOWNSHIP PLANNING COMMISSION, ZONING BOARD OF APPEALS, TOWNSHIP BOARD AND THE ZONING ADMINISTRATOR TO ENTER INTO THE DESCRIBED PROPERTY FOR THE PURPOSE OF GATHERING INFORMATION RELATED TO THIS APPLICATION

A signed zoning permit does not overrule any deed restrictions that may be imposed on the property.



ZONING DISTRICT: _____

APPROVED: _____

NOT APPROVED: _____

GARFIELD TOWNSHIP ZONING ADMINISTRATOR: _____ DATE: _____

David Kovar

AUTHORIZED SIGNATURE, OWNER/AGENT

FEES PAID: _____ TENDER: _____