



APPLICATION – PARCEL COMBINATION

Vevay Township 780 Eden Road Mason, MI 48854
517.676.9523 supervisor@vevaytownship.org

www.vevaytownship.org

A survey is required to be submitted for a proposed combination. State and local regulations might prevent the requested change. Please talk to the Township before ordering your survey.

First Parcel Number: 33-10-10- ___ - ___ - ___ Property Owner’s Name: _____

Owner’s address: _____

Phone: _____ Email: _____

Second Parcel Number: 33-10-10- ___ - ___ - ___ Property Owner’s Name: _____

Owner’s address: _____

Phone: _____ Email: _____

The Township Zoning Ordinance and/or state law requires all of the following conditions for any new parcel. Please indicate that the proposed combined parcel:

Has a depth to width ratio not to exceed 4 to 1. YES or NO

Has at least 200’ of road frontage. YES or NO

Is at least 2.00 acres in size. YES or NO

Has a driveway permit from the Ingham County Road Department YES or NO

By signing this form, I agree to allow Vevay Township Officials to enter the property for inspection(s), and I further agree to record the new parcel with the Register of Deeds. I further understand that this parcel combination may not be able to be undone in the future, depending on the Township Zoning Ordinance and applicable state law.

First Parcel Owner's Signature: _____ Date: _____

Second Parcel Owner's Signature: _____ Date: _____

The proposed parcel combination is APPROVED or DISAPPROVED

Signature: _____ Title: _____

Date: _____