



TEXAS TOWNSHIP
7110 West Q Avenue
Kalamazoo, Michigan 49009
P: 269.375.1591
F: 269.375.0791

TEXAS TOWNSHIP LAND COMBINATION APPLICATION

Land combination applications are reviewed by the Zoning Administrator, Treasurer, and Assessor. If you have questions about the status of your application, you may contact the Assessor's Office at 269.375.1591.

APPLICANT INFORMATION

Applicant Name:
Email:
Phone:
Mailing Address:
City:
State: Zip:

OFFICE USE ONLY

Date Received:
Application Fee:
Check Number:
Sewer Fee Paid:
Check Number:
Land Division Number:

PARCEL INFORMATION

1st Parcel Number: 3909-
Parcel Street Address:
Current Zoning Classification: Present Use of Property:
Legal Owner of Parcel:
Legal Owner's Address:
City: State: Zip:
Email: Phone:

2nd Parcel Number: 3909-
Parcel Street Address:
Current Zoning Classification: Present Use of Property:
Legal Owner of Parcel:
Legal Owner's Address:
City: State: Zip:
Email: Phone:

PROPOSED COMBINATION REQUIREMENTS

- *Legal description of new parcel must be attached.*
- *If a parcel contains any structures, a drawing showing the location of the structures (i.e. setback from lot lines) must be included.*
- *Signed Tax Payment Certification Form from the Kalamazoo County Treasurer's office attached.*

AFFIDAVIT PERMISSION FOR MUNICIPAL OFFICIALS TO ENTER THE PROPERTY FOR INSPECTIONS

I AGREE THE STATEMENTS MADE ABOVE ARE TRUE, AND IF FOUND NOT TO BE TRUE THIS APPLICATION AND ANY APPROVAL WILL BE VOID. FURTHER, I AGREE TO COMPLY WITH THE CONDITIONS AND REGULATIONS PROVIDED WITH THIS PARENT PARCEL DIVISION. FURTHER, I AGREE TO GIVE PERMISSION FOR OFFICIALS OF THE MUNICIPALITY, COUNTY AND THE STATE OF MICHIGAN TO ENTER THE PROPERTY FINALLY, I UNDERSTAND THIS IS ONLY A PARCEL COMBINATION WHICH CONVEYS ONLY CERTAIN RIGHTS AND DOES NOT INCLUDE ANY REPRESENTATION OR CONVEYANCE OF RIGHTS IN ANY OTHER STATUTE, BUILDING CODE, ZONING ORDINANCE, DEED RESTRICTION, OR OTHER PROPERTY RIGHTS.

Property Owner Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

AUTHORIZATION & SIGNATURE

*The undersigned acknowledges that any approval of 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. Some combinations may be approved that cannot be undone, i.e. (returned to their original form) at a later date. Future combinations will be governed by the law and ordinances in place at that time. It is also understood that ordinances, laws, and regulations are subject to change and that any approved parcel is subject to such changes that may occur before the recording of the combination or the development of the parcels.*

Applicant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____



Thomas Whitener

Kalamazoo County Treasurer

201 W Kalamazoo Ave Rm 104, Kalamazoo, MI 49007 | 269-384-8124 | treasurer@kalcounty.com

Land Division Tax Payment Certification Form

Name: _____ Phone: _____

Owner Address: _____

Owner City, State, Zip: _____

Property Address: _____

Property City, State, Zip: _____

Parcel ID Number: _____

All applications must include:

- (1) The surveyed legal description of the parcel to be divided
- (2) \$5 certification fee (made payable to the Kalamazoo County Treasurer)
- (3) A self-addressed, stamped envelope

PLEASE DO NOT WRITE BELOW THIS LINE:

Reviewer's Actions

Certification Denied

Denial explanation:

Certification Approved

I certify that, as to the lands herein described, all property taxes and special assessments turned over to the County Treasurer for collection on the parcel or tract subject to the proposed division for the 5 years preceding the date of the application have been paid except that if checked below:

This certificate does not cover taxes or current special assessment installments for the most recent year because the delinquent tax roll is not yet available.

Treasurer's Office Signature: _____ Date: _____