

White Oak Township
Land Parcel Consolidation Application

Application number: ___ - ___

Date Received: _____

**You must answer all questions and include all attachments, or this application will be returned to you.
 Bring or mail to:**

White Oak Township Zoning Administrator
1002 S. M-52 Webberville, MI 48892

Fill in the name and address where you want this form sent when the review is completed:

Name: _____
Address: _____

1. Identification of property parcels to be consolidated:

Attach Tax receipt form which includes legal description for each parcel to be combined.

Parent Parcel Tax I.D. number: 33 - 12 - 12 - ___ - ___ - ___

Additional Parcel Tax I.D. number: 33 - 12 - 12 - ___ - ___ - ___

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Additional Parcel Tax I.D. number: 33 - 12 - 12 - ___ - ___ - ___

2. PROPERTY OWNER Information:

Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____

3. CO-OWNER Information:

Name: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____

4. AFFIDAVIT and permission for municipal, county and state officials to enter the property for inspections:

I agree the statements above are true, and if found not to be true this application and any approval will be void. I certify, under penalty of perjury, that I own (or co-own) the property claimed on this affidavit, that all property parcels are contiguous, and that all information is true to the best of my knowledge.

Property Owner's Signature _____ Date: _____

Property Co-Owner's Signature _____
 Date: _____