



**CITY OF WALKER
REQUEST FOR PROPERTY COMBINATION**

Date _____

I hereby request that the following parcels be combined into one parcel:

Parcel Number _____; Property Address _____

Parcel Number _____; Property Address _____

Parcel Number _____; Property Address _____

Parcel Number _____; Property Address _____

Property Address of New Parcel _____
Description _____

Owner and Mailing Address _____

_____	Attachments:	
Print Name of Owner or Agent	Copy of Deed	_____
_____	Copy of Land Contact	_____
Signature of Owner or Agent	Copy of Survey	_____
	Copy of Sketch	_____

Telephone Number of Owner or Agent

Approvals:
Meets Zoning Ordinance: Yes ____ No ____ _____
Zoning Official Approval

Meets Land Division Act: Yes ____ No ____ _____
Assessor's Approval

Outstanding Special Assessments: Yes ____ No ____ _____
Treasurer's Approval

Original to Kent County Property Description & Mapping – Copy to Applicant – Retain copy for file