

CITY OF WALKER
REQUEST FOR PROPERTY COMBINATION

Date _____

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

Parcel Number _____; Property Address _____

Property Address of New Parcel _____
Description _____

Owner and Mailing Address _____

Print Name of Owner or Agent _____
Signature of Owner or Agent _____

Attachments:

Copy of Deed _____
Copy of Land Contact _____
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