

**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 _____

Print Name of Owner or Agent

Signature of Owner or Agent

Telephone Number of Owner or Agent

Attachments:

Copy of Deed _____

Copy of Land Contact _____

Copy of Survey _____

Copy of Sketch _____

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