

ARMADA TOWNSHIP LAND COMBINATION APPLICATION

Date:

PARCELS TO BE COMBINED

Parcel numbers: _____

PROPERTY OWNER INFORMATION

Name: _____

Phone: _____

Mailing Address: _____

E-mail Address: _____

APPLICANT INFORMATION (if not owner)

Contact Person: _____

Phone: _____

Business: _____

Mailing Address: _____

E-mail Address: _____

Applicant Signature:

Date: