

Date Received:	
Application #:	
Fee Paid	

## LOT CHANGE APPLICATION Rev 11/04/2025

APPLICANT INFORMATION						
Name:						
Address:	City	State	Zi	p		
Phone:	Alt Phone:		Fax:			
OWNER INFORMAT	ION - If different from	Applicant.				
Name:						
Address:	City	State	Zi	p		
Phone:	Alt Phone:		Fax:			
I respectfully request t	that the following be	Split or	Combined per th	ne attached		
Each application allows for one of the	e aforementioned actions. Separate app	lications must be submitted fo	or multiple properties.			
true, this application and all with the conditions and reg permission to the officials of the property described here upon by the owner / application conveys only certain rights Division Act and does not it	made in this application are ny approval based on the informations provided with this proof Port Huron Charter Townshein to verify that the information and the official. In the case under the applicable division notlude any representation or triction or any other property reserved.	ormation provided here operty division or com nip, St. Clair County are on provided is correct, se of a property division ordinance, zoning or conveyance of rights	ein will be void. I a bination. If necess nd the State of Mic at a time to be mo on, I understand the dinance, and the S	agree to comply sary, I give chigan to enter utually agreed at approval state Land		
Signature of Applicant	 Date	Signature of Prope	erty Owner	Date		

## **Instructions:**

In order for Port Huron Charter Township to review this application, all information requested must be provided and all three pages of the application must be filled out in their entirety. Any fees required must also be submitted with the application. Any application that is not complete will be returned to the applicant and will not be reviewed until such time as the applicant submits all necessary information. The application may be submitted in person or by mail to:

Assessing Department
Port Huron Charter Township
3800 Lapeer Road
Port Huron, Michigan 48060

RE	QU	<b>JIRED ATTACHMENTS:</b> Any application submitted without <b>ALL</b> of the items below will be	be returned.		
Lal	bel a	all attachments with the corresponding letter below and submit with this application.			
	A.	Signed "Request for Split/Combination" Form from St. Clair Co. GIS Department			
	B.	Proof of Ownership			
	C.	Proof that taxes are paid in full on all properties involved			
	D.	A survey / drawing showing the following			
		<ol> <li>Current Boundaries</li> <li>All divisions made after March 31, 1997. If none, so indicate.</li> <li>The proposed division or combination with all dimensions.</li> <li>Existing and proposed roads, easements (including public utilities), rights-of-way.</li> <li>All existing improvements (buildings, wells, septic system, public water / sewer, driveway)</li> </ol>	/s, etc.)		
	E.	New legal descriptions for all properties involved.			
	F.	Detroit Edison Letter of Approval			
	G.	SEMCO Letter of Approval			
	Н.	St. Clair County Road Commission Letter of Approval			
☐ Lot Split Property Information — Attach additional sheets where necessary					
		Parent Parcel Property Tax ID #: 74 – 28 Section:			
	Parent Parcel Legal Description:   Check here if attached				
			Current Zoning:		
		# of Existing Buildings on Property: Building Use(s):			
		Proposed # of Parcels to be created: (drawing and legal descriptions per attachme	•		
		Total Square Footage and Lot Dimensions after split: ASq.Ft. Frontage D	eptn		
			onth		
		Total Square Footage and Lot Dimensions after split: BSq.Ft. FrontageD			
		Total Square Footage and Lot Dimensions after split: BSq.Ft. Frontage D  Total Square Footage and Lot Dimensions after split: CSq.Ft. Frontage D  Total Square Footage and Lot Dimensions after split: DSq.Ft. Frontage D	epth		

☐ Lot Combination Property In	formation — Attach additional sheets where necessary
Property Tax ID #: A. 74 – 28	Property Tax ID #: B. 74 – 28
Property Tax ID #: C. 74 – 28	Property Tax ID #: D. 74 – 28
Legal Descriptions: ☐ Check here if atta	ached per Attachments D & E
Planned Property Use Description:	
Current Zoning:	
# of Existing Buildings on Property:	Building(s) Use(s):
Total Sq. Ft. and Lot Dimensions after co	ombination:Sq. Ft. Frontage: Depth:
	Compliance: Yes No Date:
ASSESSOR	
Remarks:	
ZONING ADMIN/CONSULTANT	Compliance: Yes No Date:
Remarks:	
PLANNING COMMISSION	Recommend Approval: Yes No Date:
Remarks:	
	Approved Denied Date:
TOWNSHIP BOARD	
Remarks:	