

Job # \_\_\_\_\_



## Land Division/Transfer/Combination Application

Approval of a land division, combination, or a parcel line boundary change (land transfer) is required before the newly described parcel, or portion thereof, is transferred to another party. Applicants must answer all questions and include all required documents and fees, or this application will be returned as incomplete. Please send completed applications and required documents to:

**Kent County Property Description & Mapping**  
**300 Monroe Ave NW**  
**Grand Rapids MI 49503**  
**Phone: (616) 632-7520**  
**Fax: (616) 632-7545**

Approval requires compliance with the Land Division Act (public Act 591 of 1996 of the State of Michigan), and compliance with the City of Grand Rapids Land Division Ordinance (Chapter 64 of the City Code, Article 3, Sections 5.321-5.360).

<u># of Resulting Parcels</u>	<u>Administrative Fees</u>	<u>Fee</u>
1		\$70.00
2		\$70.00
3		\$90.00
4		\$110.00
5		\$125.00
Additional over 5		\$15.00 each

Additionally, reimbursement of all costs associated with the recording of documents to identify property not in compliance with the Land Division Act and/or City of Grand Rapids Ordinances.



### Important Notice to Applicants

To assist with the processing of this application, it will benefit all parties if you check to see that unpaid real property taxes are paid. Please contact the Kent County Treasurer's Office at (616) 632-7500 and the City of Grand Rapids Treasurer's Office at (616) 456-3020.

You also should inquire with the City of Grand Rapids Treasurer's Office about unpaid special assessments and code enforcement liens. In addition, please inquire on unpaid water and sewer service bills by calling (616) 456-3200.

Section 5.350 of the Subdivision Regulations, being Chapter 64 of Title V of the City Code, requires that all due and payable property taxes and installments of special assessments and charges in lieu of special assessments pertaining to all involved parcels be paid in full.

The prompt resolution of these unpaid balances will expedite the processing of the application.



## REQUEST TO COMBINE TAX PARCELS

\_\_\_\_\_, the owner of the parcels listed below, does hereby request that the City of Grand Rapids Assessor's Office combine the parcels below into a single permanent parcel number.

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

41- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Please note any additional parcels to be combined on the reverse side of this form.*

Property Address (to be used for resulting parcel).

\_\_\_\_\_ St # \_\_\_\_\_ Street \_\_\_\_\_ Dir \_\_\_\_\_

Signature of Owner (required) \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If applicant is not the owner, state relationship (letter of authorization required) \_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

**Real Property Taxes**

*Are any real property taxes due and payable?*

Yes      No              If yes, list parcels and amounts on reverse.

**Special Assessments**

*Are any special assessments due and payable?*

Yes      No              If yes, list parcels and amounts on reverse.

**City of Grand Rapids Liens**

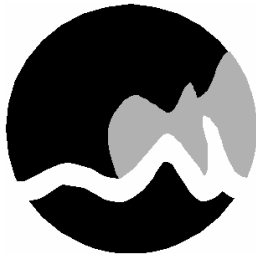
*Are there any City of Grand Rapids liens on the involved parcels?*

Yes      No              If yes, list parcels and amounts on reverse.

Contiguous	Yes	No	If no, cannot combine.
School Districts Synonymous	Yes	No	If no, cannot combine.
Ownership Synonymous	Yes	No	If no, cannot combine.
Agent Authorization	Yes	No	If no, cannot combine.

Date of this review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials (reviewer) \_\_\_\_\_



# CITY OF GRAND RAPIDS

## CITY OF GRAND RAPIDS LIEN SEARCH FOR DESCRIPTION CHANGE APPLICATION

Parcel #: \_\_\_\_\_

Date: \_\_\_\_\_

(Must be within 30 days of application submittal)

Address: \_\_\_\_\_

Water/Sewer Bill Amounts

Address

_____	_____
_____	_____
_____	_____
_____	_____

Real Property Tax Amounts Owed at the City for tax year \_\_\_\_\_ : \$ \_\_\_\_\_

<u>Misc. Receivables</u>		<u>Special Assessments</u>	
<u>INVOICE #</u>	<u>AMOUNT</u>	<u>ROLL #</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This summary does not include payments in transit or records not yet updated to the files as of the above date. Specific addresses and/or parcel numbers other than those provided must be requested on a separate Lien Search form.

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_