

Request for a Parcel Combination
ALCONA COUNTY EQUALIZATION DEPARTMENT
P.O. Box 322 106 Fifth Street Harrisville, MI 48740
(989) 724-9430 Fax (989) 724-9439

Owner Name _____

Owner Address _____

Phone # (_____) _____

T____N R____E

Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

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Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

Parcel # _____ - _____ - _____ - _____ Class _____ Sec _____ Acres _____

Are there **any** buildings/structures on **any** of the above parcels?

Yes

No

If Yes, Describe:

What: _____

Where: _____

Property Address(s): _____

* Properties **CANNOT** be combined if they are located in different sections, townships, subdivisions, blocks, or if separated by a road.

* Properties that are located in a platted subdivision **CANNOT** be combined with properties outside of that subdivision (meets & bounds).

There are several requirements that **MUST be submitted with this application.
If all requirements are not met & attachments are not included with this application the
Request to Combine will be denied and will not be processed.**

_____ Documentation (deeds) showing ownership is identical on all parcels to be combined

* If ownership is not identical the parcels CANNOT be combined

_____ Approval from the Township Zoning & Assessor if there is more than 1 dwelling on the
Combined parcels.

_____ New Principal Residence Exemption Affidavit filed with Township Assessor for new
combined Child Parcel if claiming the Exemption on any or all of the Parent Parcels.

_____ Check payable to the Alcona County Equalization Department for **\$50.00**

* This is a non-refundable application fee

_____ Check payable to Alcona County Treasurer for Tax payment Certification & Tax
Certification form completed. **\$5.00 Per Parent Parcel.**

*Owner(s) acknowledges once parcels are combined it will require approval to Re-split the
property.*

Owner(s) acknowledges all Property Taxes and Special Assessments must be paid in FULL.

All Owners listed on the property must sign, giving approval to combine parcels.

Owner: _____ Date: _____

.....
For Office Use Only

Application Fee Paid _____ Check Number _____

Combination Approved _____

Combination Denied _____

Denial Reason _____

Child Parcel # _____ - _____ - _____ - _____ - _____

Processed by: _____ Date: _____

**Alcona County Treasurer
106 5th St. PO Box 158
Harrisville, MI 48740
(989) 724-9420**

Land Division / Property Combination Tax Payment Certificate Form

Name: _____ Phone: _____
Owner Address: _____
Owner City, State, Zip: _____
Property Address: _____
Property City, State, Zip: _____
Parcel ID Number(s): _____
List All Numbers _____

Attach a description of the parcel(s) to be divided or combined.

[] Certification Denied

The Alcona County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification of tax payment.

Delinquent Taxes Owed: _____

[] Certification Approved

Pursuant to House Bill 4055, the Alcona County Treasurer's Office certifies that all property taxes and special assessments due on the above parcel subject to the proposed division for the five years preceding the date of the application have been paid. This certification does not include taxes, if any, now in the process of collection by the local tax collecting unit.

Exception: This certification being subject to any Board of Review, Tribunal, and/or Principal Residence Exemption denial.

[] Dated on or after March 1

The return of current delinquent taxes not available for examination.

Certified by: _____ Date Certified: _____
