

Lot Combination Application
City of Bangor, Van Buren County, Michigan
Zoning & Planning Division
 257 W Monroe St Bangor, MI 49013
 Phone: 269.427.5831
 www.cityofbangormi.org

This application is for: Lot Combination (\$50 per lot to be combined)

Penalty: Failure to provide the information may result in denial of your request.

Application Being Submitted By (please print)

NAME		ADDRESS		
NAME OF CITY IN WHICH LOT COMBINATION REQUEST IS LOCATED BANGOR		CITY BANGOR	ZIP CODE 49013	
COUNTY VAN BUREN COUNTY	BETWEEN		AND	
Applicant Contact Information				
PHONE		E-MAIL		
MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>

Owner of the Property for which the action is requested (if different than above)

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER <small>(Include Area Code)</small>	

Signatures

1. I hereby attest that the information on this application form is, to the best of my knowledge, true and accurate.		
2. I hereby grant permission for members of the City of Bangor (Planning Commission, Board of Appeals, City Council) to enter the above-described property (or as described in the attached) for the purpose of gathering information related to this application, request or proposal. (Note: This is optional and will not affect any decision on your application.)		
APPLICANT'S SIGNATURE	DATE	TOTAL AMOUNT ENCLOSED \$ _____

Validation – For Department Use Only

VALIDATION AREA (STAMP)

CITY HALL STAFF REC'D APPLICATION/FEE Date & Initials:
CITY HALL STAFF FEE RECORDED IN BS&A Date & Initials:
CITY HALL STAFF FORWARD TO ZONING Date & Initials:
ZONING REVIEW Date & Initials:
ZONING DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED*
*IF DENIED, REASON:
ZONING FORWARD TO PLANNING: <input type="checkbox"/> YES** <input type="checkbox"/> NO <small>**If yes, continue to next steps</small>
NEXT REGULAR PLANNING COMMISSION MEETING DATE:
PLANNING COMMISSION DECISION:
APPROVAL SIGNATURE

