

**LOT COMBINATION APPLICATION**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Property being Split from Address/Parcel ID# (existing) \_\_\_\_\_ Township \_\_\_\_\_

Property being Added to Address/Parcel ID# \_\_\_\_\_ Township \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Yes No**

- Have you contacted your local zoning department? Your local zoning may have rules that prevent a lot combination.
- Is the property accessible to sanitary sewers? If yes, no further action needed by this Department, proceed to Planning Commission.
- Is the property residential? If not, no further action needed by this Department, proceed to Planning Commission.

***Are the parcels that are to be combined vacant or have existing dwelling(s)?***

**Vacant Lot**

- Submit scaled drawing that includes:
  - Narrative
  - Acreage of proposed lot(s)

**Existing Dwelling Lot**

- Submit scaled drawing that includes:
  - Narrative
  - Acreage of proposed lot(s)
  - Proposed lot lines with detail on site conditions including drainage features, as well as, location of easements, utilities, current septic system, all structures, wells, foundations, roads and water bodies.

**Narrative (Explain Your Plans for the Property)**

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\*\*\*\*\* For TCCDH Use Only \*\*\*\*\*

- Lot combination acceptable       Lot combination not acceptable

\_\_\_\_\_  
Reviewing Sanitarian

\_\_\_\_\_  
Date