

# Bruce Township Combination Application

PARCEL IDENTIFICATION NUMBER (LIST ALL TO BE COMBINED, USE BACK OF FORM IF NEEDED)

17-002- \_\_\_\_\_

17-002- \_\_\_\_\_

17-002- \_\_\_\_\_

17-002- \_\_\_\_\_

17-002- \_\_\_\_\_

17-002- \_\_\_\_\_

**In order to combine properties, you must first ensure:**

- Parcels are of the same property class.
- All parcels are under the same ownership.
- Parcels are contiguous and are located in the same Township, Section and Range.
- Property taxes are current.

***You must fill form out completely and provide owner signature(s) or application will be returned to you.***

**APPLICANT:** Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Contact phone No. \_\_\_\_\_

***Application will be returned to the above address after processing unless an alternate address is provided.***

**Address(es) of Parcels to be Combined: (If more than one, notate primary to be used)**

\_\_\_\_\_  
\_\_\_\_\_

**Property Owner's**

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return Completed Application**

**Mail:**

Bruce Township Assessor  
PO Box 1284  
Sault Ste Marie, MI 49783

**Email:** [assessing@brucetwp.com](mailto:assessing@brucetwp.com)

**DROP BOX:** Bruce Township Hall

**The following section to be completed by the reviewer.**

Retired Parcel Number:

Retired Parcel Description:

**Combined Parcel Number:**

Combined Description After:

Comments:

**Combination Checklist:**

- |                                                                 |                                              |
|-----------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Property Ownership Same on All Parcels | <input type="checkbox"/> Same Property Class |
| <input type="checkbox"/> Building Improvements                  | <input type="checkbox"/> Zoning Issues       |
| <input type="checkbox"/> Taxes Paid Up to Date                  | <input type="checkbox"/> Land Division       |
| <input type="checkbox"/> PRE                                    |                                              |

**REVIEWERS ACTION**

\_\_\_\_\_ Date Received

\_\_\_\_\_ Date Reviewed

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied -Reasons:

Reviewers Signature and Date\_\_\_\_\_