ASSESSING DEPARTMENT | 500 WEST BIG BEAVER | TROY, MI 48084 | 248.524.3311

Application for Description Change

Owner's name: _____ **Date:** _____

Signature: _____

Address: _____

City State Zip _____

Phone (home) _____

Phone (work) _____

(each owner must be listed & sign form, use additional sheets if needed)

Parcel Number(s)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

This request is for a :

SPLIT: ( ) **COMBINATION: ( )** **CORRECTION: ( )**

( ) Survey and Description(s) of existing parcel(s) attached

( ) Survey and Description(s) of each new parcel and remainder parcel(s) attached

( ) Survey detailing correction(s) supplied

( ) Recorded copy of Transfer document supplied, if necessary.

( ) Property Taxes current (Assessing Department to verify)

( ) Special Assessments current (Assessing Department to verify)

( ) Name, Address, Mailing Address (if different) of each parcel supplied

( ) Review and Approval by Planning Department (if necessary), submitted by Assessing Department

APPROVAL by Assessing Department:

The above referenced description change has been reviewed and approved for processing by the Assessing Department.

_____
Signature

_____ _____
Title Date

DENIAL by Assessing Department

The above referenced description change has been denied by the the Assessing Department for the following reason(s):

( ) Does not meet area requirements for zoning
( ) Does not meet setback requirements
( ) Does not meet width requirements
( ) Does not meet depth requirements (24' res.)
( ) Does not meet parking requirements
( ) Does not meet landscape requirements
( ) Does not front on a public roadway
( ) Accessory building only, on land
( ) Allowable site coverage exceeded

_____
Signature

_____ _____
Title Date