VILLAGE OF CAPAC
LOT SPLIT AND/OR LAND COMBINATION APPLICATION

( ) LOT SPLIT ( ) LOT COMBINATION

I, (We)_____ being the ( ) owner(s) ( ) co-owner(s), duly authorized representative (s) of the owner(s), hereby request that the Lot Split Board consider the Lot Split or Lot Combination noted above. The Lot Number, Subdivision Plat, and date of Recording of the property to be considered are as follows:

_____

_____

In support of the request, the following documents are attached and incorporated herein:

( ) Complete description of the property to be split or combined.

( ) Survey drawing that supports the written description.

( ) Easements, in proper form, if required.

( ) Other: _____

_____

(Documents must be submitted in a format acceptable to the St. Clair County Register of Deeds for purposes of recording.)

Authorized Signatures

_____

_____

Subscribed and sworn to before me this _____ day of _____20___

_____
Notary Public
St. Clair County, Michigan

My Commission Expires: _____