

**CITY of TROY
ASSESSING DEPARTMENT
APPLICATION FOR DESCRIPTION CHANGE**

Owner's name: _____
Signature: _____
Address: _____
City State Zip _____
Phone (home) _____
Phone (work) _____

Date: _____
Parcel Number(s)

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

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

* After completing form, Print and Sign.
 Remember to add additional pages for all owners involved.

 Signature

 Title

 Date

**City of Troy
Assessing Department
500 W Big Beaver
Troy, MI 48084-5285
(248) 524-3311**