



Return Form To:
Village of Lawrence
157 N. Paw Paw
Lawrence, MI 49064
(269) 674-8161 * Fax (269) 674-3004
www.lawrencemi.org



1. PROPERTY OWNER INFORMATION:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. APPLICANT INFORMATION (if not the property owner):

Contact Person's Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. PARCELS FOR COMBINATION INFORMATION:

Parcel #1 Address: _____

Parcel Number: _____

Legal Description and Size of Parcel (attach legal description): _____

Parcel #2 Address: _____

Parcel Number: _____

Legal Description and Size of Parcel (attach legal description): _____

Reviewer's Action

_____ Approved: Conditions, if any: _____

_____ Denied: Reasons (cite): _____

Signature and date: _____