

**CERTIFICATE TO CONSOLIDATE
APPLICATION**

**(Within Corporate Limits)
NO REQUIRED IMPROVEMENTS**

****MUST BE SUBMITTED 15 BUSINESS DAYS PRIOR TO MEETING**
(MEETINGS ARE HELD- ~~3RD TUESDAY~~ OF EACH MONTH)**

Name _____ Address _____ Phone _____

Address or location of property to be consolidated _____

Parcel Numbers _____ / _____ / _____

- _____ 1. Application fee \$75.00 – Date Paid _____ Receipt # _____
- _____ 2. Certificate to Consolidate
- _____ 3. Survey & Legal Description of each parcel – Stamped & Signed by Surveyor
- _____ 4. Survey & Legal Description after consolidation – Stamped & Signed by Surveyor
- _____ 5. Copy of Deed(s) to all parcels
- _____ 6. Health Department Approval (any tract less than 3 acres)
- _____ 7. 9 Copies
- _____ 8. Date Submitted _____

****Planning Commission meetings are held on the ~~3rd Tuesday~~ of each month at
6:00p.m. at the Trinity Municipal Building. Applicants must be present****

Owner/Owners Signature (as it appears on deed)	Date	Notary My Commission Expires _____	Date
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FOR OFFICE USE ONLY

_____ Faxed to Town Engineer _____ by _____

FOR PLANNING COMMISSION USE ONLY

_____ Certificate Approved & Signed _____
_____ Certificate Denied: Reason _____
_____ Filed at the office of Probate Judge _____ Copy mailed to applicant _____