

**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 Date
(as it appears on deed)

Notary Date
My Commission Expires _____

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 _____