Given out by: [   ]

REQUEST TO COMBINE/SPLIT PARCELS – FOR TAX PURPOSES ONLY
AS OF JANUARY 1, 2025 A $75 NON-REFUNDABLE COMBINATION FEE IS REQUIRED (per combine)

NAME OF OWNER AS IT APPEARS ON TAX BILL [   ]

DAYTIME PHONE [   ] E-MAIL ADDRESS [   ]

OWNERS CURRENT MAILING ADDRESS [   ]

TAX PARCEL NUMBERS / PIN [   ]

REASON FOR REQUEST ☐ ZONING REQUIREMENT ☐ LOT COMBINATION ☐ SPLIT BY ROAD

POS Reference [   ] CSM Reference [   ]

Parcels may be combined if they meet the following requirements:

☐ They are contiguous and located within the same section, town, range, 1/4 1/4 and districts (which include but is not limited to School District, Sanitary Districts and TID Districts).

☐ The ownership on the parcels are exactly the same.

☐ If the parcels are owned under an unfufilled land contract, all parties must sign this form.

☐ There are no delinquent taxes due on any of the parcels affected.

☐ Combine does not conflict with local, state or county zoning ordinances. TOWN SIGNATURE:_____

☐ The owner/s sign this request to acknowledge the adjustment upon their request.

☐ Possible Notice of Allotment Form if parcel is zoned Farmland Preservation (FP)

The Property Listing office reserves the right to deny any request for combination at it's discretion. If the request is denied, the owner will be notified. Once the request has been approved by the Property Listing Department, it will be sent on to the Assessor. Combinations/Splits will be effective for the next tax year.

You hereby understand and agree that, if you are combining a parcel that was previously owned by another party, you must ensure that any mortgage or other lien pertaining to that parcel has been satisifed or removed.

After parcels are combined, a certified survey map will be required to split the parcels and will need to meet all current requirements and ordinances. Lots combined may be required to be surveyed before construction by some Building Inspectors, Banks and Municipalities. Please check before combining your lots.

OWNER SIGNATURE: _____ Date [   ]

OWNER SIGNATURE: _____ Date [   ]

OWNER SIGNATURE: _____ Date [   ]

DATE RECEIVED | DATE APPROVED | DATE DENIED & REASON WHY: | $75 NON-REFUNDABLE FEE PAID