

Parcel Combination Confirmation

RACHAEL BARNES ASSESSOR
TAD MAGRUDER LAND USE / ZONING



LOCATION of the **PARENT PARCELS** to be combined:

Address: _____

PARENT PARCEL IDENTIFICATION NUMBERS:

_____	_____
_____	_____
_____	_____

Parent Parcel legal Descriptions (DESCRIBE OR ATTACH):

Reason for Combination:

PROPERTY OWNER INFORMATION:

Name: _____ Address: _____
Phone (____) _____ Zip Code: _____
Email: _____

ACKNOWLEDGEMENT:

The undersigned acknowledges that any approval within application is not a determination that the resulting parcels comply with other applicable ordinances, rules or regulations which may control the use or development of the parcels. It is also understood that ordinances, laws and regulations are subject to change and that any approved parcel combination is subject to such changes that may occur before the development of the parcels. This application/affidavit is signed by the property owner and applicant stating:
I hereby certify the information supplied with this application is true to the best of my knowledge.

Property Owners Signature _____ Date: _____

For office use only-Reviewer's action:

Total fee \$ _____ Check # _____

Assessor Signature _____

Zoning Administrator Signature _____

Application completed: Date _____ Approved / Denied

Denial Date: _____ Reasons for denial: _____ (see attached)