



## COMBINATION REQUEST FORM

APPLICANT/PROPERTY OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. PARCEL NUMBER 41-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

2. PARCEL NUMBER 41-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

3. PARCEL NUMBER 41-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

4. PARCEL NUMBER 41-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Please attach copies of property descriptions requesting to combine. Attach copies of Recorded Deed to prove ownership rights. The number of divisions of parent parcels is not affected due to the combination of parcels.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

(updated 1/24/19)