

PARCEL COMBINATION APPLICATION

Attachment: PARCEL COMINATION POLICY (DOC-2015-77 : ADOPT RESOLUTION NO. 15-03; QUARDRANTS FOR LAND COMBINATIONS)

Name of Applicant: _____

Address: _____

Phone Number: _____

Parcel ID Numbers of all parcels to be combined: _____

New Legal Description if combining metes and bounds parcels:

I hereby acknowledge that the combination of parcels may affect development rights.
** Property owner is responsible for recording deeds.*

Dated: _____

Signature of Applicant

For office use only:
Fee: _____ paid

*\$50.00 1st Combo
\$ 25.00 each Combo thereafter.*

ADOPTED: 10/19/15