Owners Name as of Jan. 1st

Phone Number

Requesting  Combo or  Split.

**Section 1 (To be Completed at the Assessor’s Office)**

Is the current ownership an exact match with the deed?  Yes  No

Is a new survey required per the Board of Assessors Policy?  Yes  No

Are any parcels in Conservation?  Yes  No

**Combo**  **Split**

Parcel # Current Zoning Parcel #

Parcel # Current Zoning Improvement Key Place on Parcel #

Parcel # Current Zoning

Parcel # Current Zoning

Parcel # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Zoning \_\_\_\_\_\_\_\_\_\_\_

**Section 2 (To be completed at the County Planning & Zoning Office)**

Is this currently being ReZoned? Yes  No Approved-on date

Denied-on date

Planning & Zoning Signature Date

Tax Assessors Office Signature Date

Owner Signature Date