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