

RECEIVED DATE STAMP	 <p>ANDERSON COUNTY ASSESSOR 401 E RIVER STREET ANDERSON, SC 29624 Tel: (864) 260-4028 Fax: (864) 260-4099 Email: Assessor@andersoncountysc.org</p>
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REQUEST TO COMBINE PARCELS

In order to be eligible, parcels must be contiguous, in the same exact ownership and ownership type (survivorship, tenants in common, etc.), have no more than one dwelling, be outside of a special tax district, have no delinquent taxes owed, and be approved by the Assessor and Development Standards or the proper city official.

TMS NUMBERS TO BE COMBINED			
REASON FOR COMBINATION		COMMENT	

I understand that my request to combine parcels will be taken into consideration, and if possible, according to procedures will be adjusted for the **FOLLOWING** tax year. I understand that if I want to change this back to a prior form, sell off, or add a dwelling, etc, I will need to go through **Planning/Development Standards** for approval and may be denied such approval. I understand the potential negative tax implications associated with any change to property lines, including the removal of any cap currently on the taxable value of the parcels being merged.

OWNER* SIGNATURE REQUIRED		DATE	
		PHONE	
PRINT OWNER NAME		EMAIL ADDRESS	



PLEASE READ

FILING OF THIS REQUEST DOES NOT GUARANTEE A REVISION TO BE GRANTED.

THIS OFFICE IS REQUIRED BY LAW TO EXERCISE ITS DUE DILIGENCE BEFORE GRANTING ANY REVISION TO REAL ESTATE.

THEREFORE PROCESSING TIMES MAY VARY DEPENDING ON THE SITUATION PRESENTED.

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

Homestead? Yes/No _____ For Tax Year: _____ Tax District _____

City? Yes/No If yes, what city? Anderson, Belton, Honea Path, Iva, Pelzer, Pendleton, Starr, West Pelzer, Williamston

Market/Taxable Value _____

All in Same Name and Type? Yes/No _____ Contiguous? Yes/No _____ Taxes Paid? Yes/No _____

Lot or Tract #'s _____ Deed Ref(s) _____ Plat Ref(s) _____

Subdivision Name: _____

Mapping Pre-Approval? Yes/No _____ If no, reason: _____

Tentative TMS# to Keep: _____

Planning/Development Standards Approval:

Approved/Denied _____ If denied, Reason: _____

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Mapping work completed by _____ Date _____