

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

In order to be eligible, the parcel must be separated into a former designation exactly as shown on a recorded plat in the Register of Deeds. You are required to provide the exact, correct plat reference of this parcel delineation in order for this request to be approved. It must have no delinquent taxes owed and be approved by the Assessor and Development Standards or the proper city official.

TMS TO BE SEPARATED		SEPARATE AS SHOWN ON PLAT SLIDE/BOOK _____ PAGE _____.	
REASON FOR SPLIT		COMMENT	

I understand that my request to separate 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 but not limited to, the removal of any cap currently on the taxable value of the parcels being separated.

OWNER* SIGNATURE REQUIRED		DATE	
		PHONE	
PRINT OWNER NAME		EMAIL ADDRESS	

	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.
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FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

For Tax Year: _____ TAX DIST: _____

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

Taxes Paid? Yes/No

Does a tax district line intersect this parcel? yes/no

Reason property was initially combined: By Plat/By Request/By Previous Office Procedure or

Other: _____

Approximate Acreage of Each Part (if not shown on plat) _____

Plat & Tax Map Attached? Yes/No

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

Planning/Development Standards Approval:

Approved/Denied If denied, Reason: _____

Comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Mapping work completed by _____ Date _____