



## Lancaster County Assessor's Office

P.O. Box 1809  
 Lancaster, S.C. 29721  
 www.mylancastersc.org  
 (803)-285-6964

Date Received:

Received By:

### LAND COMBINATION / REQUEST FOR PROPERTY CONSOLIDATION

Owner(s) Name(s)	Mailing Address

#### Contact Information

Phone Number:	Email Address:

#### REQUIREMENTS TO COMBINE PROPERTY

1) Properties must have the same <b>EXACT</b> owner 2) To combine for the current year, you must be owner of record as of December 31 of previous year 3) Properties must be contiguous 4) Properties must have the same Zoning Classification and Tax District 5) Property taxes <b>MUST</b> be paid <b>CURRENT</b>	<b>Combine for Tax Year:</b>  <b>Property Part of a Mortgage:</b> ____ Yes ____ No
--	---

Parcel Numbers to be Combined	Name (Office Use)	Taxes Paid (Office Use)	Contiguous (Office Use)	Zoning (Office Use)	Reason for Combining (Check One)
1)					____ Legal Residence ____ Agriculture ____ Group Tax Bills ____ Other (Please Explain)
2)					
3)					
4)					

I (We) am/are the owner(s) of the above referenced property and hereby request that this property be consolidated for tax purposes.  
 I (We) acknowledge that the above stated requirements must be met before combining of property can be done.  
 I (We) will hold the Lancaster County Assessor's Office harmless for any problems that may occur from such consolidation.

Signature of Owner(s)		Date	
-----------------------	--	------	--

### \*THIS COMBINATION WILL RESULT IN YOUR PROPERTY BEING REAPPRAISED\*

<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied Reason If Denied:	<b>Total Acreage After Combination</b>	
	<b>Parcel Number Retained</b>	

Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_