



**Lancaster County Assessor's Office**

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

Date Received:

Received By:

**LAND DIVISION / REQUEST FOR PROPERTY SPLIT**

Owner(s) Name(s)	Mailing Address

**Contact Information**

Phone Number:	Email Address:

**REQUIREMENTS TO DIVIDE PROPERTY**

1) All taxes must be paid 2) To split for the current year, you must be owner of record as of December 31 of previous year 3) Property was originally subdivided by <b>Plat Book</b> _____, <b>Page</b> _____. (*A copy of Plat must be submitted with this application*)	<b>Split for Tax Year:</b>  <b>Property Part of a Mortgage:</b> _____ Yes _____ No
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Parcel Number to be Divided	Taxes Paid (Office Use)	Plat Provided (Office Use)	Reason for Split (Check One)
			_____ Legal Residence _____ Agriculture _____ Group Tax Bills _____ Other (Please Explain)

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

Signature of Owner(s)		Date	
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**\*THIS DIVISION WILL RESULT IN YOUR PROPERTY BEING REAPPRAISED AS AN ASSESSABLE TRANSFER OF INTEREST (ATI)\***

<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied Reason If Denied:	Original Parcel #:		Acreage
	New Parcel #:		Acreage

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