



COMBINATION REQUEST FORM

A combination is a courtesy to the public not a requirement by state statutes

PABLO A. RAMOS

ASSESSOR

I hereby request that the following parcels be combined into a single parcel for tax purposes.

BOOK _____ MAP _____ PARCEL _____
 BOOK _____ MAP _____ PARCEL _____
 BOOK _____ MAP _____ PARCEL _____
 BOOK _____ MAP _____ PARCEL _____
 BOOK _____ MAP _____ PARCEL _____

I AM THE CURRENT OWNER OF RECORD OF SAID PARCELS.

NAME (Please print): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____,

By _____
Notary Public

Notary Expiration Date

.....
FOR OFFICIAL USE ONLY

Application for combination of the above referenced parcels for the 2022 Tax Roll has been made and approved.

Verified Taxes Paid _____
Ownership _____
Taxing Authority _____

Application DISAPPROVED because:
 _____ Taxes payment due
 _____ Ownership not held the same
 _____ Parcels not in the same Taxing Authority

By: _____ **Date:** _____
Assessor's Office

Name: _____

Address: _____

Santa Cruz County Recorder's Stamp

NOTIFICATION OF PERMANENT LOT ASSEMBLAGE

SANTA CRUZ COUNTY

The purpose of this document is to permanently combine adjacent properties to allow construction on either or both lots that would otherwise be in violation of the Santa Cruz County Zoning and Development Code, either because of interior property line setbacks, accessory structure limitations or other zoning restriction. Any future division of the combined properties is prohibited unless reviewed for violations and approved in writing by the Santa Cruz County Planning and Zoning Director.

Legal description of the two lots to be permanently assembled under one new Parcel Identification number are as follows:

Subdivision Block Lot Parcel Identification #

AND

Subdivision Block Lot Parcel Identification #

Owner's Name (Printed)

Owner's Signature

Owner's Name (Printed)

Owner's Signature

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20__

By _____.

Notary Public

My Commission Expires: