



## Clarendon County Planning Commission

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### REQUEST TO COMBINE/MERGE ADJOINING PARCELS

Parcel Owner: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

TAX MAP NUMBER	DESCRIPTION - ACRES

Note: In creating a combined parcel, you are hereby informed that the entire 'new' parcel must be treated as an assessable transfer of interest in accordance with **SC Statute 12-37-3150**. For further clarification, please see the Clarendon County Assessor.

I hereby request to merge the above parcels of land. I understand that once this merge takes place, the parcels CANNOT be subdivided without compliance with the Clarendon County Subdivision and Zoning Regulations.

\_\_\_\_\_  
Signature – MUST be signed by the property owner      Printed Name      Date

#### TO BE COMPLETED BY PLANNING COMMISSION

The proposed merger is approved.  
 The proposed merger is NOT approved as it violates the Zoning Regulations.

Reviewed by \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY THE TAX ASSESSOR

The listed parcels have been deeded under the name shown above. For appraisal and assessment, these parcels have been merged for the \_\_\_\_\_ tax year.

Mapping: \_\_\_\_\_ Date: \_\_\_\_\_

Computer: \_\_\_\_\_ Date: \_\_\_\_\_