

CITY OF PLATTSBURGH - SPLIT/MERGE REQUEST

We/I request that the following tax map parcel be split into _____ parcels.

Parcel ID # _____

We/I request that the following tax map parcels be merged into one parcel.

Parcel ID # _____

Parcel ID # _____

Parcel ID # _____

Parcel ID # _____

PLEASE PRINT

PLEASE READ BEFORE SIGNING

Name _____

Address _____

Phone _____

Splitting or merging of parcels may have an impact on zoning or land use. Contact the Zoning Enforcement Officer and/or City Engineer for more information.

Petitioner is aware that this split or merges cannot be completed unless all tax payments are current.

Assessor's Determination

I, _____, Assessor for The City of Plattsburgh have reviewed the above request. My recommendation is:

Request be granted.

Request be denied. *

*Reason _____

(Signature – Owner) (Date)

City Chamberlain's Determination

I have reviewed the above request for split/merge. After reviewing the records, I find no outstanding liens.

I have reviewed the above request for split/merge and find delinquent taxes for year(s)

(Signature)

(Date)

(Signature)

(Date)

Tax Map Technician's Determination

All current taxes are paid in full.

_____ Date checked.

_____ Collector

All current taxes are **not** paid.

_____ Date checked.

_____ Collector

Parcels are mapped as requested.

Unable to map parcels as requested.*

*Reason _____