

PARCEL CONSOLIDATION FORM

- Municipality: T/Elmira
 City of Elmira V Elmira Heights
 Ashland Horseheads
 V Wellsburg V Elmira Heights
 Baldwin V Horseheads
 Big Flats Southport
 Catlin Van Etten
 Chemung Veteran
 Erin V Millport

REQUIREMENTS

- All Property Taxes **must be** paid in full (**Attach Tax Clearance & Paid Receipts FOR ALL PARCELS**)
 - All Parcels must have the same deeded owners
 - All Parcel must be in the same Municipality & School District
 - All Parcels must be free from mortgage or have a common mortgage
*If the parcels do not share a common mortgage then a **Spread Coverage Form** can be obtained from your lender*
 - All Parcels must be adjacent
 - All Parcels within an agricultural district cannot be combined with parcels outside of an agricultural district
- *Attach proof of each line and submit with form
 **The Purpose of this form is to consolidate multiple contiguous properties into a single parcel on the assessment/tax rolls*

PROPERTY OWNER USE

SECTION-A

	Tax Map Numbers	Location Address or Description	Deed Book/Page
1			
2			
3			
4			
5			
6			

Requested by:	
Owner(s):	
Owners Address:	
City, State, Zip:	
Phone #:	
Email:	

Tax Map Number of Parcel Being Merged With House/Structure On It?

I (We) the undersigned owners of the properties described above request that the listed properties be merged and understand that the reversal of said merge may be subject to the consent of the planning board. I (We) further attest that the above conditions have been met and that the Chemung County Real Property Tax Services office and the stated municipality are not liable for any complications that may result from such merger.

Signature of Owner:	Date:	All Owners MUST sign, attach additional sheets as needed
Signature of Owner:	Date:	
Signature of Owner:	Date:	

ASSESSORS USE

SECTION-B

Approved *I the undersigned Assessor found no conflict in my investigation and approve the merger of the aforementioned parcels. This endorsement is not a substitute for any local regulation or board approval process if in affect.* _____/_____/20____

Denied
 Reason if Denied: _____

Assessor's Signature

RPTS USE

SECTION-C

Date Completed: _____/_____/20____ New Tax Map #: _____

Date Denied: _____/_____/20____ Reason if Denied: _____