

# PARCEL COMBINATION APPLICATION



This form is required when a property owner wishes to combine parcels for taxation purposes or to comply with Village of Stratford zoning ordinances. The application process will confirm that the parcels to be combined meet the following requirements:

- Parcels do not conflict with any local ordinances.
- Parcels are under the same ownership.
- Parcels are located within the same taxation district.
- All tax payments are current / paid in full.
- Parcel(s) are not currently under a land contract.

The owner(s) requesting parcels to be combined is/are responsible for the document recording fee.

<b>PLEASE CLEARLY PRINT ALL INFORMATION</b>	
Name of owner(s) as appearing on all tax bills contained in this request:	
Mailing address:	
Phone:	Email address:
Parcel Identifier Number (PIN) for all parcels to be combined: <i>(14 digits. Can be found on the tax bills.)</i>	1. <b>182</b> - _____ - _____ - _____ 2. <b>182</b> - _____ - _____ - _____ 3. <b>182</b> - _____ - _____ - _____

**Instructions:**

1. Complete the above information along with the PARCEL COMBINATION AFFIDAVIT. The owner(s) must sign the AFFIDAVIT in the presence a Notary Public.
2. Submit the two original documents to the Village Clerk for compliance review as follows:

Village of Stratford ZONING ADMINISTRATOR	<input type="checkbox"/> Parcels requested to be combined do not conflict with local ordinances. <i>Signature</i> _____ <i>Date:</i> _____
ASSESSOR	<input type="checkbox"/> Parcels are to be combined for taxation purposes. <i>Signature</i> _____ <i>Date:</i> _____
Marathon County TREASURER and/or REAL PROPERTY LISTER	<input type="checkbox"/> Parcels to be combined have identical ownership. <input type="checkbox"/> Parcels are within the same taxation district. <input type="checkbox"/> There are no taxes due on any of the parcels. <input type="checkbox"/> Parcels are not under a land contract. <i>Signature</i> _____ <i>Date:</i> _____

3. When the three officials have reviewed compliance, the owner must submit the completed APPLICATION and AFFIDAVIT to the Marathon County Property Lister at 500 Forest Street, Wausau, WI 54403. A \$30 recording fee (payable to Marathon County Register of Deeds) must accompany the documents.

**NOTE: Combinations in the current year will appear on the following year's assessment roll and tax bill.**

Black ink only

### PARCEL COMBINATION AFFIDAVIT

This affidavit is made by the owner(s) to combine parcels identified below.

<b>Affidavit Date:</b> _____	<b>Owner(s) Name(s):</b> As appearing on all tax bills for parcels contained in this affidavit.
<b>Parcel Identifier Number (PIN):</b>  1. 182- _____ - _____ - _____  2. 182- _____ - _____ - _____  3. 182- _____ - _____ - _____	

I (we), owner(s), acknowledge that this affidavit is to combine parcels under my/our ownership.

1. Legal Land Description \_\_\_\_\_  
\_\_\_\_\_
2. Legal Land Description \_\_\_\_\_  
\_\_\_\_\_
3. Legal Land Description \_\_\_\_\_  
\_\_\_\_\_

Name and return mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Any effects of combining parcels are the owner's responsibility.

This combination may not be revoked. All landowner(s) must comply with land division ordinances in effect at the time of any future division.

This agreement is binding upon the owner and his/her heirs, successors, and assigns.

The owner shall record the Parcel Combination Affidavit with the Marathon County Register of Deeds in a manner which will permit the existence of the affidavit to be determined by reference to the property.

<b>Owner(s) Name(s) – Please print:</b> _____ _____  <b>Notarized Owner(s) Signature(s):</b> _____ _____  This document was drafted by: _____	This instrument was acknowledged before me on this date: _____ (insert date)  by: _____ (print owners names)  _____ Notary Public  _____ County, State of Wisconsin  My commission expires: _____  (Notary seal)
<b>To be completed by Marathon County Real Property Lister:</b>  <b>Newly combined Parcel Identification Number (PIN):</b>  <b>182 -</b> _____	