

**PARCEL COMBINATION APPLICATION**

**\$35.00 REVIEW FEE**  Cash  Check No: \_\_\_\_\_

**\$30.00 COUNTY RECORDING FEE**  Cash  Check No: \_\_\_\_\_

Parcel ID Number (PIN) #1 \_\_\_\_\_

Parcel ID Number (PIN) #2 \_\_\_\_\_

Parcel ID Number (PIN) #3 \_\_\_\_\_

Can find these numbers on your tax bills: xxx.xxxx.xxx.xxx

**Owner(s) name(s)** as appearing on all tax bills for parcels contained in this request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All parcels included in the combination shall:**

City Zoning Administrator  1. Not conflict with local ordinances.  
 2. Be contiguous and located within the same municipality.  
 3. Not conflict with state ordinances.  
 4. Not violate covenants restricting the combination.  
 5. Not alter the exterior boundary of any recorded subdivision.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City Treasurer  6. Have identical ownership  
 7. Be located within the same taxation district  
 8. Have no taxes due on any of the parcels

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

County Treasurer and/or Real Property Lister  9. Not be under a land contract.  
 10. Have no parent parcel back taxes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City Assessor  11. Be combined for taxation purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Combinations in the current year will appear on the following year's assessment roll and tax bill.
- A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements, and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels.



**All four (4) signature blocks MUST BE COMPLETED PRIOR TO RECORDING the Combined Parcel**

## PARCEL COMBINATION AFFIDAVIT

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

Affidavit Date: _____		
Parcel Identifier Number (PIN) Description #1 _____	Owner(s) (name(s)) as appearing on <u>all</u> tax bills for parcels contained in this affidavit.)	
Parcel Identifier Number (PIN) Description #2 _____		
Parcel Identifier Number (PIN) Description #3 _____		
From tax bills: x x x . x x x x . x x x . x x x x		
I (we), owner(s), acknowledge that this affidavit is to combine parcels under my/our ownership.		Name and Return Mailing Address:  _____
Legal Land Description#1 _____ _____ _____		
Legal Land Description#2 _____ _____ _____		
Legal Land Description#3 _____ _____ _____		

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

A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements, and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels.

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.

Owner(s) Name(s) - <b>Please print:</b>  _____  Notarized Owner(s) Signature(s):  _____  _____	This instrument was acknowledged before me on this date: _____  by _____ <p style="text-align: center;"><i>Owner(s)</i></p> Notary Public- Marathon County, State of WI My commission expires: _____	City of Wausau Zoning Administrator Name - <b>Please print:</b>  _____  City of Wausau Official's Title: <b>Zoning Administrator</b>  City of Wausau Zoning Administrator Signature:  _____
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**Drafted by:** \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]



**Required** - Person completing this document

**Black Ink Only**

Newly combined Parcel Identification Number (PIN): \_\_\_\_\_

*To be completed by Real Property Lister*