

## PARCEL CONSOLIDATION FORM

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

### REQUIREMENTS

- All Property Taxes **must be** paid in full (**Attach Paid Receipts**)
- 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 <b>MUST</b> 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\_\_\_\_

Date Denied: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

New Tax Map #: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_