

APPLICATION FOR PARCEL SPLIT

Date Received:

TO: Drafting Department
Madera County Assessor's Office
Madera County Government Center
200 West Fourth Street
Madera, California 93637

Phone: (559) 675-7710 ext. 2533

NAME(S) AND ADDRESS OF APPLICANT(S):

Name of Applicant (Please Print Legibly or Type)

Address (Street & Number or P.O. Box)

(City) (State) (Zip) (Phone)

I/We hereby request and authorize the Madera County Assessor's Office to SPLIT the following Assessor's Parcel numbered:

(Book) (Page) (Block) (Parcel) (Rights)

Further, I/We hereby certify that I/We are the OWNERS OF RECORD of said property, that all taxes due and payable are paid in full, and that to the best of our knowledge, this proposed split meets all applicable regulations of the Assessor's Office and the Planning Department.

Signed,

Date:

OWNER(S) OF RECORD

(Note: Representatives of Owners of Record should attach two copies of authorizing documents.)

PLEASE FURNISH INSTRUCTIONS FOR PARCEL SPLIT ON THE REVERSE SIDE. INDICATE THE LOCATION OF IMPROVEMENTS UPON THE PROPOSED PARCELS.

ASSESSOR'S OFFICE

Request taken by _____

Action: APPROVED DISAPPROVED By: _____ Date: _____

PLANNING DEPARTMENT

Action: APPROVED DISAPPROVED By: _____ Date: _____