



Request to Combine Parcels

Owner: _____ Parent STRAP: _____
Parcels STRAPs to
Combine (*list*): _____

IMPORTANT NOTICES

Prior Approval by County Offices

A parcel combine by the Property Appraiser’s Office is for ad valorem taxation purposes ONLY, and does not imply the legality of the land combination being requested, the legality for such parcel to be conveyed via land title nor the suitability of such parcel to be developed. Prior legal approval for parcel combines from the appropriate zoning, planning or community development agency of your jurisdiction is **STRONGLY ENCOURAGED**. It is recommended to contact the appropriate land development, zoning, and/or planning department of your jurisdiction for questions concerning property development. The St. Johns County Property Appraiser does not issue determinations regarding the legality of parcel combinations, and will not advise owners on such matters.

SUGGESTED CONTACTS:

St. Johns County	<i>County Development Review Division</i>	(904) 209-0660
City of St. Augustine	<i>Planning and Zoning Director</i>	(904) 825-1065
City of St Augustine Beach	<i>Planning and Zoning Director</i>	(904) 471-8758

Assessment Limitation “Cap”

When combining any parcels, the full market value of the combined parcel(s) will be added to the assessed value of the existing parcel for the current year. Please note that property taxes may increase as a result of the combine that you are requesting.

Acknowledgement

By initialing, either by the owner or the owner’s representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information prior to the initiation of this action.

_____ Initial _____ Date



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REQUIREMENTS

- 1. The owner of record as of January 1st must complete in its entirety and sign a “PR-COMBINE – Request to Combine Parcels” to the Property Appraiser’s Office on or before August 1st.**

The owner of record on all properties or their authorized representative must be the ones to make the request that the parcels be combined.

- 2. Title on parcels must be held in the exact same way.**

The title on all parcels must be identical, otherwise the Property Appraiser’s Office will not combine parcels (e.g. Property Appraiser’s Office cannot fulfill a combine on two parcels where title on one is held by the Husband, and other by the Husband and Wife).

- 3. All taxes currently payable, due or delinquent, must be paid on all parcels being combined.**

The Property Appraiser’s Office will not combine parcels until all taxes currently payable, due or delinquent, have been paid to the Tax Collector’s Office.

- 4. All parcels must be in the same taxing district.**

The Property Appraiser’s Office will not combine parcels unless they are in the same taxing district, as millages vary between districts.

- 5. All parcels must be contiguous.**

Except those that fall under A.G.O. 96-79 which, in summary, states that certain parcels split only by a right-of-way may be consider contiguous.

- 6. Acknowledgement**

By initialing, either by the owner or the owner’s representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information prior to the initiation of this action.

_____ Initial _____ Date



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Owner or Owner's Authorized Representative

By signing below, whether by the owner or the owner's representative, the owner acknowledges they have read and understand the aforementioned and availed themselves of the opportunity to ask any questions, seek clarification, or obtain additional information. A copy, signed by this office shall serve as proof that this request is being processed by the Property Appraiser's Office. The **processing time of 2 to 4 weeks** of this request should not hinder business matters (e.g. real estate closing).

Request will be applied to first tax year applicable based on ownership.

Signature: _____ Date: _____

Signature: _____ Date: _____

If submitted and signed by a representative, a letter of authorization from the owner(s) is required.

Print Name: _____ Phone: _____

Email Address: _____

Please email completed form to gis@sjcpa.us or fax to (904) 827-5580.

Official Use ONLY – please do not write below.

Receiving Deputy's Signature: _____ Date: _____

Combine Completed.
Surviving (a.k.a. Parent) STRAP: _____ Effective Year: _____

Combine Denied.
Combine cannot be processed for the following reason(s): _____

Processing Deputy's Signature: _____ Date: _____