



La Paz County Assessor

1112 Joshua Avenue, Suite 204
Parker, Arizona 85344

Phone (928) 669-6165 Fax (928) 669-9740
Office Hours: Monday – Thursday 7:00 a.m. to 6:00 p.m.

APPLICATION FOR SPLIT/COMBINE/UNCOMBINE/LOT LINE ADJUSTMENT

REQUIREMENTS:

- OWNERSHIP MUST BE THE SAME.** If the parcels are to be combined, ownership *must* be the same. For example, ownership must be vested as joint tenants, severalty (single owner), community property, in a trust, etc.
- TAXES.** PROOF THAT TAXES HAVE BEEN PAID IN FULL, INCLUDING THE CURRENT YEAR TAXES PRIOR TO THE APPROVAL. Parcels to be combined must be in the same taxing area code.
- PLANNING & ZONING APPROVAL.** You *must* receive approval from the appropriate departments, i.e. Planning and Zoning Departments with the Town of Parker and Town of Quartzsite and the La Paz County Community Development before your request can be completed. If the property is located within Town of Parker or Town of Quartzsite, approval must first be obtained from them. Please provide the Assessor's office with the original signed approval and the square footage or acreage of the parcel(s) affected.
- REQUEST FORM.** Complete the official request form below with **original notarized signatures of ALL owners.**
- LEGAL DESCRIPTION/SURVEY.** You must record a survey of your intended combine/uncombine/split/lot line adjustment that includes a legal description and acreage of each new parcel created. If your property is a Lot and Block, you only need to provide a legal description for each new parcel. **The Assessor's Office does NOT create legal descriptions.**
- APPLICATION FEES.** Fees are due upon receipt of application (subject to A.R.S. § 32-2101):
 - a. Less than 5 parcels - \$60/each parcel created
 - b. 5-9 parcels - \$55/each parcel created
 - c. 10 and over-\$50/each parcel created

OFFICIAL REQUEST FORM			
DATE:			
NAME OF ALL OWNERS:			
PHONE NUMBER:			
ASSESSOR'S PARCEL NUMBER(S):			
NUMBER OF PARCELS CREATING:			
PLEASE CHECK WHICH REQUEST:	SPLIT:	UNCOMBINE/ COMBINE:	LOT LINE:
SURVEY RECORDING NUMBER:			



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CONSENT TO PROCEED

I hereby agree that La Paz County assumes no liability for any claims arising out of this review process. I agree to record a copy of this Request along with all attachments as listed above before this request is processed.

_____)
Date

_____)
Signature of Property Owner

_____)
Date

_____)
Signature of Property Owner

STATE OF _____)
County of _____)

ss.

SUBSCRIBED AND SWORN to, before me, this _____ day of _____,
_____, by _____.

My Commission Expires:

Notary Public

FOR OFFICIAL USE ONLY:		
Date:	Received by:	Approved by:
Amount Paid:	Check No.	Cash



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YOUR APPLICATION HAS BEEN APPROVED

IN ORDER TO COMPLETE THE PROCESS, PLEASE RECORD THE FOLLOWING:

- THIS APPLICATION IN ITS ENTIRETY
- LEGAL DESCRIPTIONS OF ALL NEWLY CREATED PARCELS
- SURVEY AND/OR MAP OUTLINING ORIGINAL PARCEL(S) AND NEW PARCEL(S)

ONCE RECORDED, YOUR APPLICATION WILL BE PROCESSED

YOU WILL RECEIVE A LETTER WITH YOUR NEW PARCEL NUMBER(S) WHEN THE PROCESS HAS BEEN COMPLETED

Date: _____

By: _____
Deputy Assessor