DIANE BROWN
BUTTE COUNTY ASSESSOR
25 COUNTY CENTER DRIVE, SUITE 100
OROVILLE, CA 95965-3382
(530) 552-3800 Fax (530) 538-7991
EMAIL: assessorsoffice@buttecounty.net

☐ REQUEST FOR COMBINATION OF ASSESSOR'S PARCELS

☐ REQUEST FOR SEPARATION OF ASSESSOR'S PARCELS (AS ESTABLISHED BY A PRIOR SUBDIVISION OR PARCEL MAP)

In order for the request for combination/separation to be considered:

1. **Title must be held exactly the same on all parcels.**
2. **Parcels must be contiguous. If the properties are separated by a road, right of way, or easements, the Assessor will determine, within his discretion, whether or not to combine the properties.**
3. **All parcels must be in the same tax rate area.**
4. **All taxes on the parcel must be current.**
5. **All owners MUST sign this request.**

PLEASE NOTE THE FOLLOWING CAREFULLY!

- **This request will be processed under conditions regulated by this Department. If approval is NOT granted, owner(s) will be notified.**
- **A combination may be irreversible and may be binding on all future owners of property.**
- **Assessor's Parcels are created by the Assessor solely to implement the administration of property tax laws for billing purposes only and have no necessary relationship to land use and should not be considered to be a legally created parcel for building purposes. The term "PARCEL" used in zoning, building and sanitation laws, does not necessarily refer to Assessor's Parcels.**
- **The application for separation of assessor parcels may be reviewed by Development Services to insure that the parcels have been legally created by a subdivision or parcel map pursuant to the State Subdivision Map Act and the County Subdivision Ordinance.**
- **This request is subject to a fee.**

Parcel Number(s):_____ _____ _____ _____

Owner name(s) as shown on Assessor's records: _____

_____

Mailing Address: _____

Daytime Phone: _____

Please indicate lot(s) on which improvements (if any) are located: _____

Owner Signature	Date	Owner Signature	Date
Owner Signature	Date	Owner Signature	Date

DEVELOPMENT SERVICES: (please review and return within 10 working days)

Reviewed by: _____ ☐ **Approved** ☐ **Rejected (reasons attached)**

Date received: _____ **Date Returned:** _____