

# VILLAGE OF CLAYTON

Zoning/Code Department  
425 Mary Street  
PO Box 250  
Clayton, NY 13624  
Ph. (315) 686-5552, Option 6

## REQUEST TO COMBINE ADJOINING PARCELS FOR TAX PURPOSES

To:

Alexander W. Marchenkoff  
Town of Clayton Assessor  
Jefferson County Real Property Tax Services  
175 Arsenal St, 3rd Floor  
Watertown NY, 13601  
(315)-785-3190

Date: \_\_\_\_\_

☐ **Combine adjoining parcels**

I/We, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_ would like to combine adjoining parcels \_\_\_\_\_ & \_\_\_\_\_ for tax purposes.

We would like to keep tax parcel number \_\_\_\_\_.

☐ **Subdivide a parcel**

I/We, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_ would like to subdivide parcel \_\_\_\_\_ into \_\_\_\_\_ separate parcels.

I/We understand that this request is subject to the review and approval of the Tax Mapping division of the Jefferson County Real Property Tax Services Department.

If you have any questions, then please contact me/us at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home/cell/work phone).

**All owners must sign below** (add additional sheets if necessary):

Owner's Name (printed) \_\_\_\_\_

Address: \_\_\_\_\_ (Street/PO Box) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (printed) \_\_\_\_\_

Address: \_\_\_\_\_ (Street/PO Box) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (printed) \_\_\_\_\_

Address: \_\_\_\_\_ (Street/PO Box) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name (printed) \_\_\_\_\_

Address: \_\_\_\_\_ (Street/PO Box) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State)

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_