



# MIKE TWITTY, MAI, CFA

Pinellas County Property Appraiser

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## PARCEL COMBINATION REQUEST

Requests for parcel combinations may be submitted by property owners or agents. This request shall be submitted for review to the GIS/Mapping Department. The requirements that follow are required (Section 2 only if one parcel has homestead exemption) and granting of a combination will remain at the discretion of the Property Appraiser's office. The combination of these parcels may have an impact on taxable value, exemptions, capped value and/or taxes. This office does not determine whether a parcel(s) meet legal requirements for development purposes. You may contact the county or municipality governing the property for verification.

### Section 1 – Eligibility. Please answer the following:

- |   |     |    |     |
|---|-----|----|-----|
| 1. Is title to parcels/units in same ownership and tenancy status of record?                                      | Yes | No |     |
| 2. Are all parcels in the same municipal/taxing district?   | Yes | No |     |
| 3. Are all properties contiguous (legally and/or physically)?   | Yes | No |     |
| 4. Are all current and delinquent taxes due paid?   | Yes | No |     |
| 5. Has lender provided written consent to combine properties?   | Yes | No | N/A |
| 6. Confirm commercial parcel is not being joined with homestead parcel?   | Yes | No |     |
| 7. Are condominium units physically joined?   | Yes | No | N/A |
| 8. If one of the parcel(s) is residential, does it have homestead exemption?<br>If so, please complete Section 2. | Yes | No | N/A |

**If you answered 'No' to any of the above questions,  you are not eligible to combine parcels.**

Reason for Request:

### Section 2 – Homesteaded Parcels Only. You have requested we combine the referenced parcels into one parcel for the tax roll: one of which is receiving the Homestead Exemption and related Save Our Homes assessment benefit. Please answer the following questions and attach any supporting documentation.

- |  |        |          |
|--|--------|----------|
| 1. Is the contiguous property vacant or improved with buildings?                                     | Vacant | Improved |
| 2. Does anyone reside at the secondary building?<br>If 'yes', who resides there?                     | Yes    | No       |
| 3. Is the secondary parcel/building rented?  | Yes    | No       |
| 4. How are you utilizing the secondary parcel/building?  |        |          |
| 5. Are utilities turned on for the secondary building?<br>If 'yes', whose name(s) is on the account? | Yes    | No       |
| 6. What are your plans for the secondary building/parcel?  |        |          |
| 7. Do you plan to demolish the secondary building?<br>If yes, when?                                  | Yes    | No       |

**Section 3 - Property Information:** Provide multiple site addresses if assigned, indicating main property address and checkmark which parcel(s) have homestead exemption (HX). Attach sheet with additional parcels if necessary.

<b>HX?</b>	<b>Parcel ID</b>	<b>Address</b>
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**Section 4 - Affidavit**

If applicable, I authorize the Pinellas County Property Appraiser to obtain information to determine my eligibility for Homestead Exemption. I understand that under [Section 196.131\(2\), Florida Statutes](#), any person who knowingly gives false information to claim Homestead Exemption is guilty of a first-degree misdemeanor, punishable by imprisonment up to one (1) year, a fine up to \$5,000 or both.

Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts in it are true. I further understand that if the Property Appraiser determines that for any year within the prior 10 years, I was not entitled to receive this exemption, my property shall be subject to the taxes exempted, plus 15% per annum and a penalty of 50% of the taxes exempted.

**Current owner(s) of record, or agent with a power of attorney, must sign request.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \*

Additional Owner Signature:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \*

\* Under Section 119.01, Florida Statutes, email addresses are public record. If you do not want your email address released in response to a public records request, omit your email address when completing this form, or do not send electronic mail to this entity. Instead, contact this office by phone or in writing.