



County Clerk, Recorder and Assessor

REQUEST FOR SPLIT OF ASSESSOR PARCEL

I hereby request the Assessor split the existing Assessor Parcel #

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along the lines established by (check one):

- 1. Lot lines established by subdivision or parcel map.**
(Note: Resulting parcels must consist of one or more complete subdivision/parcel map lots.)
- 2. Previous Assessor parcels combined at owners request. (Including those requested by the Assessor and approved by the owner.)**
- 3. Certificate of Compliance recorded as Instrument # _____,**

Please contact Assessor's Office for clarification of above options.

Reason for request:

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- **Splitting the APN affects Tax assessment and billing only. It does NOT create nor verify Legal Lots. It is not a substitute for a Certificate of Compliance.**
 - **If improvements straddle the proposed parcel line the split will be reversed.**
 - **If one of the parcels is being sold, the Assessor will, as a matter of course, split the parcel after the sale.**
 - **Fee: Order Set-up Fee \$8.00, plus \$ 65.00/ ½ hour increments (minimum ½ hour)**
 - **Job takes approx. 5 hrs for each additional parcel created.**
 - **Mapping, Valuation, and Clerical staff time is required.**

Estimate of Fee: \$ _____

DEPARTMENT USE:
Funds Received by: _____

**THIS FORM MUST BE REVIEWED BY
THE MAP SECTION BEFORE FEES ARE COLLECTED**

____/____/____

See Reverse side for payment options

JOSEPH E. HOLLAND
County Clerk, Recorder and
Assessor Registrar of Voters

SUSAN MORRISON
Chief Deputy Assessor



105 E. Anapamu St. 2nd Floor
Santa Barbara, CA 93101

Mailing Address
PO Box 159
Santa Barbara, CA 93102-0159

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Conditions of Service:

I hereby acknowledge that the above estimate for the requested service is an approximation and that the actual cost may be different. Accordingly, I understand the Assessor is not bound by the estimate and will require full payment of actual cost. I also acknowledge and agree that in recognition that the Assessor will process the service request upon acceptance of this service request form, payment guarantee is requested for this type of service. I hereby authorize the Office of the County Assessor to charge the following credit card the actual cost of the service provided as determined by the Assessor upon completion of the job if an alternative form of payment is not presented upon job completion.

Applicant Name: _____ **Phone #:**(____)_____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp. Date:** ____/____
(American Express not accepted)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (____) _____

Cardholder Signature: _____ **Date:** _____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

Form Revised 11/1/11