

Sheboygan County

Partial Lot Merger Checklist



Name of Property Owner(s) _____

Phone Number of Owner(s) _____

Home Address Owner(s) _____

Tax Parcel Numbers of Parcels to be Merged:

_____	_____
_____	_____
_____	_____

Parcels may be combined provided: (Check Box and Initial)

- _____ Owner(s) contacted the town regarding the merger.
- _____ The parcels are contiguous.
- _____ There are no delinquent taxes due on any of the parcels.
- _____ The merger does not conflict with local zoning ordinances.
- _____ The parcels lie within the same taxing jurisdiction. (Contact Town)
- _____ None of the parcels are held under an unfulfilled land contract.

Property Owner Signature _____ Date _____

Property Owner Signature _____ Date _____