

Macon County Mapping Department

Request for Division of Property

This form should be filled out entirely and signed by all property owner(s)

Owner Name(s) (as shown on Tax Bill):		
Tax Mailing Address:		
Parcel Number(s) to be split:		
Property Description/Lot Number:		
Property Address:		
Deed Book and Page reference(s) of Parent Parce	el(s):	
Is this a split for financing?	Yes	No
Is this a split for a new subdivision prior to sales?	Yes	No
Subdivision Name:		
The parcel(s) are to be split by Plat Card(s) The division survey must be submitted for review and approval by the Macon County Planning department and recorded in Register of Deeds prior to dividing the parcel. The Tax Department will review the parcel(s) after division and values will be set at that time.		
Owner Signatures (all parties with interest in p		
Signature:	Signatur	re:
Date:	Date:	
Signature:	Signature:	
Date:		t an instrument of recombination recorded
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By requesting these parcel(s) be divided they cannot be recombined without an instrument of recombination recorded in Macon County Register of Deeds