



Lancaster County Assessor's Office

P.O. Box 1809
 Lancaster, S.C. 29721
 www.mylancastersc.org
 (803)-285-6964

Date Received:

Received By:

LAND DIVISION / REQUEST FOR PROPERTY SPLIT

Owner(s) Name(s)	Mailing Address

Contact Information

Phone Number:	Email Address:

REQUIREMENTS TO DIVIDE PROPERTY

1) All taxes must be paid 2) To split for the current year, you must be owner of record as of December 31 of previous year 3) Property was originally subdivided by Plat Book _____, Page _____. (*A copy of Plat must be submitted with this application*)	Split for Tax Year: Property Part of a Mortgage: _____ Yes _____ No
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Parcel Number to be Divided	Taxes Paid (Office Use)	Plat Provided (Office Use)	Reason for Split (Check One)
			_____ Legal Residence _____ Agriculture _____ Group Tax Bills _____ Other (Please Explain)

I (We) am/are the owner(s) of the above referenced property and hereby request that this property be divided for tax purposes.
 I (We) acknowledge that the above stated requirements must be met before splitting of property can be done.
 I (We) will hold the Lancaster County Assessor's Office harmless for any problems that may occur from such division.

Signature of Owner(s)/Agent		Date	
Relationship to Owner			
Agents Full Mailing Address			

THIS DIVISION WILL RESULT IN YOUR PROPERTY BEING REAPPRAISED AS AN ASSESSABLE TRANSFER OF INTEREST (ATI)

<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied Reason If Denied:	Original Parcel #:		Acreage	
	New Parcel #:		Acreage	