Geographic Information Services

Instructions for

Combination Requests

Geographic Information Services staff will accept customer requests for combination of parcels *for tax purposes only.*

> Please be aware that the combination of parcels could affect future development of the original lots. It is recommended that you contact the building department in your jurisdiction prior to submitting a combination request to our office.

Requirements:

- Per RCW 84.56.340, taxes on all parcels must be paid in full for the year at the time the request is submitted.
- The original parcels must be adjoining.
- Ownership must be the same on all parcels.
- The tax code area on each parcel must be the same.

Please submit the following:

- A completed Combination Request form, including signature of the owner/buyer, date submitted, and a daytime telephone number.
- If you have obtained a Lot Determination related to the proposed Combination, please attach a copy.

Return your form by one of the following means:

Mail: Clark County G.I.S.
attn: Cadastral Map Team
PO Box 5000
Vancouver WA 98666

In person: *by appointment only*
Public Service Center
1300 Franklin St
2nd Floor
GIS MapStore

Email: cadastral@clark.wa.gov

If you have questions, please call our office at (564) 397-4641.
Choose the Cadastral Mapping option from the menu.

GIS - Cadastral Map Team

Combination Request

For Office Use Only	
Date Stamp	
	Geocode
	Cycle
	NH

OWNER: _____ PHONE: _____

(Contract Buyer): _____

Account Number	Tax Code Area

Account Number	Tax Code Area

Please be aware that the combination of parcels could affect future development of the original lots. It is recommended that you contact the planning/building department in your jurisdiction prior to submitting this combination request.

If a Lot Determination has been obtained from the Planning/Building Department in your jurisdiction, please attach a copy to this request.

I hereby request that the property listed above be combined, for tax purposes only.

SIGNATURE: _____ DATE: _____

_____

_____

Completed	
By:	
Date:	