



STATE OF FLORIDA  
**LEE COUNTY PROPERTY APPRAISER**  
 KENNETH M. WILKINSON, C.F.A.

**Mailing Address:**  
 P.O. Box 1546  
 Fort Myers, Florida 33902-1546

**Physical Address:**  
 2480 Thompson Street  
 Fort Myers, Florida 33901-3074

**Telephone:** (239) 533-6100 **Facsimile:** (239) 533-6107

[www.leepa.org](http://www.leepa.org)



**Application for Combination of Existing Parcels**

**Instructions:** Please read the requirements, complete the form, sign, date and return to our office. If you need assistance or have questions, please call (239) 533-6100.

**General Requirements:** This form is a request to combine parcels per the owner's request. Our office will only combine parcels that meet the following:

- Title to and ownership of the parcels is identical.
- The parcels are contiguous. Lots of a plat separated by a public easement or thoroughfare are not considered contiguous.
- Proof that all taxes on the parcels have been paid (F.S. 197.192).
- **ALL REQUESTS MUST HAVE OWNER'S SIGNATURE. PHOTO ID REQUIRED.**

We reserve the right to request additional information as necessary to complete the request. Additional information may include items such as a copy of a survey or a letter from the governing jurisdiction regarding the request etc.

**Additional Notes and Information:** For a condominium request, the owner must obtain a letter from the condominium association acknowledging the request and the property's physical status as one living unit. Please be advised that this request does not imply suitability or authorize development of the parcel. Please contact the appropriate land development or planning and zoning department for your jurisdiction for questions concerning development of the parcel. No rights are being granted by this action that are reserved to any regulatory agency. This action does not nullify or alleviate any existing liens or encumbrances on the property.

*You agree by submitting this application that the Lee County Property Appraiser is neither responsible nor liable for any problems or complications resulting from this request.* \_\_\_\_\_ (Initial)

**SPECIAL NOTE FOR IMPROVED PARCELS:** *In the event we receive a request to split this property at a later date, a survey will be required designating the location of all improvements.* \_\_\_\_\_ (Initial)

*A copy of this request will be forwarded to the appropriate jurisdiction for any necessary action.* \_\_\_\_\_ (Initial)

**Print or type parcel (STRAP) numbers into the boxes below to be combined into one new parcel:**


**Owner Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Facsimile Number:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

**Confirmation Request by:**

**Fax:**  **Mail:**  **Phone:**

**For Office Use Only:**

New Parcel Number: \_\_\_\_\_ FolioID: \_\_\_\_\_

Taxes Paid: Yes  No  Notify Municipality (if applicable): Yes  ID Verified   
 City/County Approval: Yes  No  N/A

Abstractor: \_\_\_\_\_ Date: \_\_\_\_\_