



Parcel Combination Application

City of Wausau – Inspections & Zoning | 407 Grant St Wausau WI 54403
715-261-6780 | inspections@wausauwi.gov

This form is required when a property owner wishes to combining parcels for taxation purposes or to comply with the City of Wausau’s zoning ordinances.

Parcel Combination Fees	
City of Wausau Review Fee: \$50.00 <i>If parcel is commercially zoned, then review fee is \$150.00.</i>	<input type="checkbox"/> Cash or <input type="checkbox"/> Check (make checks payable to “City of Wausau”)
Marathon County Recording Fee: \$30.00	<input type="checkbox"/> Cash or <input type="checkbox"/> Check (make checks payable to “County of Marathon”)

Parcel Numbers	
Parcel ID Number (Pin) #1:	
Parcel ID Number (Pin) #2:	
Parcel ID Number (Pin) #3:	

You can find these numbers on your tax bill: XXX.XXXX.XXX.XXXX

Owner(s) Name(s) as appearing on <u>all</u> tax bills for parcel contained in this request	Contact Info
	Email: _____
	Phone: _____

Instructions:

1. Complete the above information along with the PARCEL COMBINATION AFFIDAVIT. The owner(s) must sign the AFFIDAVIT in the presence of a Notary Public (which can be located at City Hall or your local bank.)
2. Submit the two original documents to the Inspections & Zoning Dept for compliance review as follows:

City of Wausau Review:	
City Zoning Administrator:	<input type="checkbox"/> 1. Not conflicting with local ordinances. <input type="checkbox"/> 2. Be contiguous <u>and</u> located within the same municipality. <input type="checkbox"/> 3. Not conflicting with state ordinances. <input type="checkbox"/> 4. Not violating covenants restricting the combination. <input type="checkbox"/> 5. Not altering the exterior boundary of any recorded
Signature: _____	Date: _____
City Treasurer:	<input type="checkbox"/> 6. Have identical ownership. <input type="checkbox"/> 7. Be located within the same taxation district. <input type="checkbox"/> 8. Have no taxes due on any of the parcels.
Signature: _____	Date: _____
County Treasurer and/or Real Property Lister:	<input type="checkbox"/> 9. Not be under a land contract. <input type="checkbox"/> 10. Have no parent parcel back taxes.
Signature: _____	Date: _____
City Assessor:	<input type="checkbox"/> 11. Be combined for taxation purposes, and/or <input type="checkbox"/> 12. Legal combination for assessment purposes.
Signature: _____	Date: _____

3. When City of Wausau officials have reviewed compliance, the application and affidavit is sent to Marathon County Treasurer or Real Property Lister along with the \$30.00 recording fee.

NOTE:

- Combinations in the current year will appear on the following year’s assessment roll and tax bill
- A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels.

Parcel Combination (Affidavit)

This affidavit is made by the owner(s) to combine parcels identified below.

Affidavit Date:	Owner(s) Name(s)
Parcel Identifier Number (PIN):	As appearing on all tax bills for parcels contained in this affidavit
1.	
2.	
3.	

I(we), owner(s), acknowledge that this affidavit is to combine parcels under my(our) ownership.

1. Legal Land Description _____

2. Legal Land Description _____

3. Legal Land Description _____

Name and return mailing address:

Any effects of combing parcels are the owner's responsibility.

A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels.

This agreement is binding upon the owner and his/her heirs, successors, and assigns.

The owner shall record the Parcel Combination Affidavit with the Marathon County Register of Deeds in a manner which will permit the existences of the affidavit to be determined by reference to the property.

Owner(s) Name(s) – Please print:	This instrument was acknowledged before me on this date:
_____	_____
_____	<i>(insert date)</i>
Notarized Owner(s) Signature(s):	by: _____
_____	<i>(print owners names)</i>
_____	_____
_____	Notary Public
_____	_____ County, State of Wisconsin
_____	My commission expires: _____

City of Wausau Zoning Administrator
 Name – Please print:

Zoning Administrator

City of Wausau Zoning Administrator
 Signature:

This document was drafted by: _____

Newly combined Parcel Identification Number (PIN): _____

To be completed by Marathon County Real Property Lister