

**JOHN C. EMERSON, CFA**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**  
**WEBSITE: www.hernandocounty.us/pa**

◆ **BROOKSVILLE OFFICE** ◆  
201 Howell Avenue, Suite 300  
Brooksville, FL 34601-2042 Fax  
Numbers:

Administration (352) 754-4198  
Real Property/Tangible (352) 754-4198  
Exemptions/Central GIS (352) 754-4194



*"To Serve & Assess With Fairness"*

◆ **WESTSIDE OFFICE** ◆  
7525 Forest Oaks Blvd.  
Spring Hill, FL 34606-2400  
Fax Numbers:  
Addressing (352) 688-5060  
Exemptions (352) 688-5088

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**PARCEL SPLIT & MERGE APPLICATION**  
**(\$25.00 FEE per Merge)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Key #1: \_\_\_\_\_ Par #1: \_\_\_\_\_

Key #2: \_\_\_\_\_ Par #2: \_\_\_\_\_

Key #3: \_\_\_\_\_ Par #3: \_\_\_\_\_

Please complete the following question if property has been purchased within the last 24 months:  
How did you discover the property was available for purchase? Realtor \_\_\_\_\_ Sign: (ex. For Sale by Owner) \_\_\_\_\_  
Other (please explain): \_\_\_\_\_

**NOTE:** You may wish to contact the **Zoning** Department to determine if this merge will adversely affect your ability to split the property in the future or affect your prepaid impact fees.

I acknowledge that I am the sole owner of the property or I am an agent or legal representative of the owner(s) and have the consent of all owners of the property to make this application. I am advised that if this application is approved, the split or merge will only affect the parcel description(s) as it affects the tax roll, but will not affect the legal description(s). I understand that my application will not be approved unless the ownership of all parcels is identical, including not only the names of owners, but also the ownership interest and the nature of the ownership interests, such as tenants in common, joint tenants with right of survivorship, tenants by entirety, etc. I understand that the Hernando County Property Appraiser's Office has made no representations to the applicant regarding the consequences of a split or merge if approved. I understand that changes in the law may affect the consequences of a property split or merge.

I/We have enclosed: \_\_\_\_\_ Proof that taxes are paid on the parcel(s); and  
\_\_\_\_\_ Copy of Photo Identification (Driver License or I.D. Card)  
or verify \_\_\_\_\_ (PS&E department); and  
\_\_\_\_\_ \$25.00 per merge non-refundable processing fee (cash, check, or money order,  
payable to H.C. Property Appraiser.)

\_\_\_\_\_  
Applicant Signature Date

The applicant has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Deputy Signature Date