CITY OF BEAUFORT
PLANNING & DEVELOPMENT SERVICES
1911 BOUNDARY STREET
BEAUFORT, SOUTH CAROLINA 29902
(843) 525-7011

REQUEST FOR LOT RECOMBINATION

☐ **Application Fee: $50.00**

Please TYPE or PRINT legibly
Revised July 30, 2015

Property Identification No.:
(i.e., District, Map & Parcel No.) _____

Property Address: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant E-Mail: _____

Property Owner Name: _____

Please recombine lots as shown on the attached plat.

Applicant (Print Name)	Date	Applicant (Sign Name)	Date
Property Owner (Print Name) *Sign only if different than applicant*	Date	Property Owner (Sign Name) *Sign if different than applicant*	Date

OFFICE USE ONLY

Date Submitted: _____ **Application No.:** _____ **Zoning District:** _____

Approved By: _____ **Approval Date:** _____