



STATE OF FLORIDA  
**LEE COUNTY PROPERTY APPRAISER**  
MATTHEW H. CALDWELL



**Mailing Address:**  
P.O. Box 1546  
Fort Myers, Florida 33902-1546  
**Telephone:** (239) 533-6100

**Physical Address:**  
2480 Thompson Street  
Fort Myers, Florida 33901-3074  
**Website:** [www.leepa.org](http://www.leepa.org)

### Application for Combination or Split of Existing Parcels

Please submit this completed form to [GISTeam@leepa.org](mailto:GISTeam@leepa.org) or fax to 239-533-6107.

This form serves as the owner's request to administratively combine or split parcels for tax billing and assessment purposes. The Property Appraiser's office will only combine or split parcels under the following conditions:

- Parcels must be contiguous.
- Taxes on all parcels must be paid.
- Parcel ownership/title must be the same.
- No open VAB petitions on the parcel(s).

To split a parcel, we may request one or more of the following items:

- Approval from the jurisdiction.
- Deed, Subdivision Plat, Declaration of Condominium etc. recorded with Lee Clerk of Court.
- Information that the parcel(s) was previously platted and/or previously recorded documents that correspond to the requested configuration.

The Property Appraiser's office reserves the right to deny any application, or to request additional information such as photo identification, site survey (to locate or identify buildings etc.), permit application, land development order, ordinance, or evidence of ownership.

This request does not imply suitability or authorize development of the parcel. Contact the development department of the local jurisdiction for questions concerning the development of the parcel and legality of this request. This action does not nullify or alleviate any existing liens or encumbrances on the property.

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

<input type="checkbox"/> <b>COMBINE</b> Folio IDs or STRAP Numbers (Attach another application if more than 4)	← Check One →	<input type="checkbox"/> <b>SPLIT</b> Folio ID or STRAP Number
	→	

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Please print to receive automated email confirmation that your request was processed).