



**Christopher A. Galloway**  
**Lake County Auditor**  
www.lakecountyohio.gov

Lake County Administration Center  
105 Main Street • P.O. Box 490  
Painesville, Ohio 44077-0490

440.350.2532  
440.428.4348  
440.918.2500  
Fax 440.350.2667

**Administrative Combination Form**

**This form may only be used for combining residential lots located on recorded subdivision plats. All other lot combinations require a new survey.**

Please combine the following lots and/or parcel into one parcel:

Parcel No(s):

Owner as listed on deed(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand by combining these parcels that they can only be split back to their original description by approval of local zoning. I also understand that it is my responsibility to notify the bank if there is a mortgage on the property.

Owner(s) Signature \_\_\_\_\_

AKA Name Signature \_\_\_\_\_

Owner(s) Printed Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Phone Number or email: \_\_\_\_\_



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Send completed forms to:

Lake County Auditor's Office  
Real Estate Division  
105 Main Street  
Painesville OH, 44077

Or email: [realestate@lakecountyohio.gov](mailto:realestate@lakecountyohio.gov)

**Guidelines**

- Pursuant to OAC 5703-25-06(G) any combination filed after January 1<sup>st</sup> each year will become effective for the following year for tax purposes.
- You must provide a copy(s) of the current deed of record for each parcel involved in the combination. These documents are located in the Lake County Recorder's Office.
- All parcels **MUST** be in the exact names. Minor deviations may be accepted at Auditor's discretion.
- Minor deviations of name spelling will require an "AKA" signature. Other deviations seek legal advice.
- All parcels **MUST** be contiguous.
- Parcels not titled the same (i.e. quit claim and joint survivorship) can be combined but we advise you seek legal counsel or contact a title company to find out how this may affect your title.
- Original forms may be submitted by mail, email or in person.

**OFFICE USE ONLY**

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Date Received: \_\_\_\_\_

Deputy Auditor: \_\_\_\_\_

Combination No: \_\_\_\_\_