



REQUEST FOR REPLATTING OF RESIDENTIAL LOTS OFFICE OF PLANNING CITY OF ATLANTA, GEORGIA

REP-

STANDARD RESIDENTIAL REPLAT REQUEST – (PAGE 1)

ADDRESS(ES) OF PROPERTY _____
(Indicate addresses and/or parcel ID numbers of all properties involved in proposed replatting)

Applications are accepted Mondays 8:30 am - 1:00 pm; Tues/Wed/Thurs 8:30 am - 2:00 pm

[Replat applications may take up to 30 (thirty) business days for review].

NAME OF APPLICANT _____ **PHONE NUMBER:** _____

NAME OF COMPANY _____ **CELL NUMBER:** _____

E-MAIL ADDRESS _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

IF MORE THAN ONE OWNER, LIST ADDITIONAL OWNERS ON A SEPARATE SHEET

NAME OF OWNER _____
(Required Information)

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

I HEREBY REQUEST approval of the replatting of the subject property according to the plans, which are submitted as a part of this application. I HEREBY AUTHORIZE the staff of the City of Atlanta to inspect the premises of the above described property. I HEREBY SWEAR AND AFFIRM that all statements contained herein and attached hereto are true and correct to the best of my knowledge and belief.

Owner or Agent for Owner (Applicant) _____

INSTRUCTIONS:

(Any form that is not completely filled may be delayed, result in a denial or returned to the applicant)

- **Application review fee due at the time of filing the application, of \$ 40.00 (per lot) for the first two lots with \$ 20.00 per lot for any additional lot.**
- **Project Description Summary Form**
 - Provide information concerning the reasons for this replatting in the space available.
- **Authorization of Property Ownership Form**
 - If more than one owner, a separate form must be signed, dated & notarized by all owners involved.
- **Three (3) copies of a clear and legible, to scale, boundary survey on a format no larger than 24" X 36".**
 - The survey should show the proposed replatting with required setbacks, dimensioned lot lines (bearings and lengths) and size of the resultant lot(s) by acreage and square footage.
 - If property lines are being adjusted and more than one lot is being affected, both (all) lots involved need to be reflected on the survey. The resultant property lines should be solid lines. The previous property line(s) needs to be shown as dashed or dotted lines and labeled "Original Property Line" or "Previous Property Lines".
 - The survey should reflect all existing conditions on the site, i.e. driveways, retaining walls, parking spaces, fences, etc. If any structures exist, state its heated floor area and the type of use.
 - Survey should reflect the name, size & extents of all bordering rights of way.
 - Provide the distance from the nearest intersection (on the same side of the road) in each direction.
 - Surveyor must sign through seal.
 - Boundary lines should be obtained from actual field-run survey records.

▪ **One (1) copy of the current, recorded, full warranty deed for all the land proposed for replatting**
After approval of the application, applicants will be required to handle the recording of the approved replat with the appropriate county office, including the payment of an \$8 fee per page in DeKalb County or a \$9 fee per page in Fulton County. Four individually folded copies (format 8.5" x 11") of the recorded plat must be returned to the Office of Planning.





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PROJECT SUMMARY FORM

STANDARD RESIDENTIAL REPLAT REQUEST - (PAGE 2)

ADDRESS OF PROPERTY _____

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The subject property fronts _____ feet on the _____ side of _____,
beginning _____ feet from the _____ corner of _____.

Depth _____ Area - _____ Acres - _____ Square Feet

Land Lot _____ Land District _____ Zoning _____

Council District _____ Neighborhood Planning Unit (s) _____

INDICATE THE PURPOSE OF THE REQUESTED REPLAT, WHAT ISSUE(S) WOULD BE RESOLVED (BE SPECIFIC)

Is this replat a requirement for obtaining a building permit? Yes No *(Attach any comments received from the referring Office.)*

Name of Referring Staff Member in the Office of Buildings _____

Is this replat request a result of an approved rezoning? Yes No Case Number _____

Is this replat request needed to proceed with or a result of an Urban Enterprise Zone Application? Yes No

I HEREBY ACKNOWLEDGE that if the subject parcel is zoned for single family residential use and consolidated for the purpose of creating a single larger parcel, any subsequent resubdivision of the property is subject to the requirements of the current zoning district and Part 15 –City of Atlanta Land Subdivision Ordinance.

NAME _____ DATE _____

INDICATE ADDITIONAL INFORMATION THAT WILL ASSIST WITH THE REVIEW OF THIS APPLICATION.



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OFFICE OF PLANNING
CITY OF ATLANTA, GEORGIA**

REP- _____

**AFFIDAVIT
AUTHORIZATION BY PROPERTY OWNER
APPLICATION FOR LOT REPLATTING
CITY OF ATLANTA, GEORGIA**

I swear that I am the owner _____
(Indicate addresses and/or parcel ID numbers of all properties involved in proposed replatting)

_____ which is the subject of the attached
application for land replatting, and is shown in the records of _____ County, Georgia.

I authorize the person named below to act as my agent in the pursuit of this application for the replatting of the subject property.

NAME OF APPLICANT (AGENT) _____

ADDRESS OF APPLICANT _____

APPLICANT'S TELEPHONE # _____

APPLICANT'S EMAIL ADDRESS _____

NAME OF OWNER _____

SIGNATURE OF OWNER _____

NOTARIAL STATEMENT FOR PROPERTY OWNER

Sworn to and subscribed before me this _____ day of

_____, 20____

Notary Public

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