



REQUEST FOR LOT CONSOLIDATION OFFICE OF PLANNING CITY OF ATLANTA, GEORGIA

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

LOT CONSOLIDATION

ADDRESS (ES) OF PROPERTY _____

(Indicate addresses and/or parcel ID numbers of all properties involved in proposed replatting)

[Lot consolidations may take up to 30 (thirty) business days for review]

NAME OF APPLICANT _____

PHONE NUMBER: _____

NAME OF COMPANY _____

CELL NUMBER: _____

STREET ADDRESS _____

E-MAIL ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

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

NAME OF OWNER _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

I HEREBY REQUEST approval of the consolidation 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) _____

(Any form that is not completely filled in may be delayed, denied, or returned to the applicant.)

- **Application review fee due at the time of filing the application [residential - \$ 40.00 (per lot) for the first two lots, with \$20.00 per lot for any additional lot; non-residential - \$ 20.00 (per lot) for the first two lots, with \$ 10.00 per lot for any additional lot].**
- **Project Description Summary Form**
 - Provide information regarding the reasons for this consolidation and the requested address for the proposed consolidation in the available spaces.
- **Authorization of Property Ownership Form**
 - If there is more than one owner, a separate form must be signed, dated, and 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".**
 - Survey should show the proposed consolidation with required setbacks and dimensioned lot lines (bearings and lengths) and the size of the resultant lot(s) in acreage and square footage.
 - Resultant property lines should be solid lines. Property line(s) being vacated need to be shown as dashed or dotted lines and labeled "Original Property Line" or "Previous Property Line".
 - Survey should reflect all existing conditions on the site: driveways, retaining walls, parking spaces, fences, etc. If any structures exist, state their square footage and their use.
 - Survey should reflect the name, size, and extents of all bordering right of ways.
 - 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 consolidation.**
- **After approval of the application, applicants will be required to handle the recording of the approved consolidation plat with the appropriate county office, including the payment of \$8 per page fee in DeKalb County and \$9 per page fee in Fulton County. Nineteen individually folded copies of the recorded plat must be returned to the Office of Planning.**



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PROJECT SUMMARY FORM

CON-

LOT CONSOLIDATION

ADDRESS(ES) OF PROPERTY _____ <small>(Indicate addresses and/or parcel ID numbers of all properties involved in proposed consolidation)</small>		
The subject property fronts _____ feet on the _____ side of _____ beginning _____ feet from the _____ corner of _____		
Depth _____	Area _____	PROPOSED ADDRESS _____
Land Lot _____	Land District _____	Zoning _____
Council District _____	Neighborhood Planning Unit (s) _____	
INDICATE THE PURPOSE OF THE REQUESTED CONSOLIDATION, I.E., WHAT ISSUE(S) WOULD BE RESOLVED (BE SPECIFIC)		
Is this land consolidation a requirement for obtaining a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach any comments received from the referring Office.)</i>		
Name of referring staff member in the Office of Buildings _____		
Is this land consolidation request a result of an approved rezoning? <input type="checkbox"/> Yes <input type="checkbox"/> No Case Number _____		
Is this land consolidation request needed to proceed with or a result of an Urban Enterprise Zone Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I HEREBY ACKNOWLEDGE that if the subject parcel is zoned R-1, R-2, R-2A, R-2B, R-3, R-3A, R-4, R-4A, R-4B, R-5 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 as well as the City of Atlanta Land Subdivision Ordinance.		
NAME _____		DATE _____
INDICATE ADDITIONAL INFORMATION THAT WILL ASSIST WITH THE REVIEW OF THIS APPLICATION.		



**REQUEST FOR LOT CONSOLIDATION
OFFICE OF PLANNING
CITY OF ATLANTA, GEORGIA**

**AFFIDAVIT
AUTHORIZATION BY PROPERTY OWNER
REQUEST FOR LOT CONSOLIDATION**

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

_____ which is the subject of the attached
request for lot consolidation, 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 consolidation of the
subject properties.

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