



REQUEST FOR LOT CONSOLIDATION OFFICE OF ZONING & DEVELOPMENT CITY OF ATLANTA, GEORGIA

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.
- **A clear, legible, to-scale boundary survey.**
 - 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. A digital copy of recorded plat must be returned to Office of Zoning and Development.**



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CITY OF ATLANTA, GEORGIA**

PROJECT SUMMARY FORM

CON-

LOT CONSOLIDATION

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

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? Yes No *(Attach any comments received from the referring Office.)*

Name of referring staff member in the Office of Buildings _____

Is this land consolidation request a result of an approved rezoning? Yes No **Case Number** _____

Is this land consolidation 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 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.



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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) _____

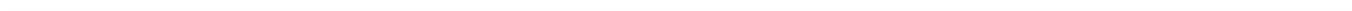
ADDRESS OF APPLICANT _____

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