



**REQUEST FOR REPLATTING OF NONRESIDENTIAL LOTS
BUREAU OF PLANNING
CITY OF ATLANTA, GEORGIA**

REP-

NONRESIDENTIAL REPLATS

ADDRESS(ES) OF PROPERTY _____

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

Applications are accepted Mondays 8:30-1:00; Tues./Wed./Thurs 8:30-2:00
Replat applications are processed on an *“as requested”* basis and may take up to 15 (fifteen) business days for approval.

NAME OF APPLICANT _____

PHONE NUMBER: _____

NAME OF COMPANY _____

CELL NUMBER: _____

E-MAIL ADDRESS _____

FAX NUMBER: _____

STREET 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 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:

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

- Nonresidential Replatting Application Form
- **Application review fee due at the time of filing the application of \$ 20.00 (per lot) for the first two lots with \$10.00 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 survey or plat at a size no larger than 17 X 22.
 - The survey or plat should show the proposed replatting with required setbacks and 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, all lots involved need to be portrayed 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”.
 - The survey should reflect all existing conditions on the site, i.e., structures, driveways, retaining walls, parking spaces, fences, etc. Surveys with structures must state the size in square feet and the type of use within the footprint(s) shown. Survey must show that as a result of the requested change in boundaries, all development controls of the zoning classification are met (setbacks, parking, open space, etc.)
 - Survey should reflect the name, size & extents of all bordering right of ways.
 - Square footage of existing buildings and the use within those structures must appear on the survey as well as all calculations needed to satisfy the development controls for the uses within the structures, especially parking.
 - Provide the distance from the nearest intersection (on the same side of the road) in each direction.
 - Surveyor must sign through seal.
 - Survey must meet the measurements of the referenced scale – must be scalable.
 - Boundary lines should be obtained from actual field-run survey records.
- Applicants will be required to handle the recording of lots with the appropriate county office, including the payment of an \$8 fee in Dekalb County and a \$9 per page fee in Fulton County. Seventeen individually folded copies must be returned to the Bureau of Planning if new parcel of land is created. If no new parcel of land is created, only four copies are needed.



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PROJECT SUMMARY FORM

NONRESIDENTIAL REPLATS

ADDRESS OF PROPERTY _____
(Indicate addresses or parcel ID numbers of all properties proposed for replatting)

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

Depth _____ Area _____

Land Lot _____ District _____ Zoning _____

Council District _____ Neighborhood Planning Unit (s) _____

INDICATE THE PURPOSE OF THE REQUESTED REPLAT (BE SPECIFIC)

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

Name of Referring Staff Member in the Bureau 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

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



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

I swear that I am the owner of _____
(Indicate addresses or parcel ID numbers of all properties proposed for 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 _____

ADDRESS OF APPLICANT _____

APPLICANT'S TELEPHONE NUMBER _____

NAME OF OWNER _____

SIGNATURE OF OWNER _____

NOTARIAL STATEMENT FOR PROPERTY OWNER

Sworn to and subscribed before me this _____ day of

_____, 20____

Notary Public