

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

CON-

ADDRESS (ES) OF PROPERTY (Indicate addresses and/or parcel ID numbers of all properties involved in proposed replatting)			0
Lot consolidations may take up to 30 (thirty) business days for review]			
NAME OF APPLICANT		PHONE NUMBER:	NSO
NAME OF COMPANY		CELL NUMBER:	
STREET Address			
E-MAIL ADDRESS			NO
Сіту	STATE_	ZIP CODE	
IF MORE THA	AN ONE OWNER, LIST ADDITIONAL	OWNERS ON A SEPARATE SHEET	
NAME OF OWNER			
STREET ADDRESS			
Сіту	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 lotl.
- Project Description Summary Form
 - o 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
 - o 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.
 - o 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.
 - o Resultant property lines should be solid lines. <u>Property line(s) being vacated need to be shown as dashed or dotted lines and labeled "Original Property Line" or "Previous Property Line".</u>
 - o 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.
 - o Survey should reflect the name, size, and extents of all bordering right of ways.
 - o Provide the distance from the nearest intersection (on the same side of the road) in each direction.
 - o Surveyor must sign through seal.
 - o 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.

Electronic plat recordation for properties in Fulton County and DeKalb County will begin June 21, 2022. Upon approval of a plat, the City of Atlanta Office of Zoning and Development will electronically file all plats and provide a copy of the recorded plat to the applicant on record. For additional information, please contact the Office of Zoning and Development at (404) 330-6145 or dcpozd@atlantaga.gov



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PROJECT SUMMARY FORM CON-

ADDRESS(ES) OF PROPERTY (Indicate addresse	es and/or parcel ID numbers of all properties involved in	in proposed consolidation)		
PROPOSED"ADDRESS		Zoning		
Land Lot	Land District	Zoning		
Council District	Neighborhood Planning Unit (s)			
INDICATE THE PURPOSE OF THE REQUEST	ΓΕD CONSOLIDATON, I.E., WHA	AT ISSUE(S) WOULD BE RESOLVED (BE SPECIFIC		
the referring Office.)		☐ Yes ☐ No (Attach any comments received from		
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				
	single larger parcel, any subseq	R, R-2A, R-2B, R-3, R-3A, R-4, R-4A, R-4B, R-5 and quent resubdivision of the property is subject to the and Subdivision Ordinance.		
NAME	DATE			
INDICATE ADDITIONAL INFORMATION	ON THAT WILL ASSIST WITI	H THE REVIEW OF THIS APPLICATION.		



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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 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 PI	ROPERTY OWNER
Sworn to and subscribed before me this	day of
Notary Public	