



**REQUEST FOR SPECIAL ADMINISTRATIVE PERMIT
(SAP)
ZERO LOT LINE SUBDIVISION
CITY OF ATLANTA, GEORGIA**

ZLL-

DATE RECEIVED _____		APPLICATION NUMBER: _____	
DATE FILED _____			
NAME OF APPLICANT _____		PHONE NUMBER: _____	
EMAIL ADDRESS _____		CELL NUMBER: _____	
NAME OF COMPANY _____		FAX NUMBER: _____	
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	
IF MORE THAN ONE OWNER, LIST ADDITIONAL OWNERS ON A SEPARATE SHEET			
NAME OF OWNER _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	
<p>I HEREBY REQUEST approval of the subdivision of the subject property according to the plans, which are submitted as a part of the application. I HEREBY AUTHORIZE the staff of the City of Atlanta to inspect the premise 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.</p> <p>Owner or Agent for Owner (Applicant)</p>			
<p>There is a thirty (30) day review period for each Zero Lot Line Special Administrative Permit (SAP) request. A foundation/slab and some framing of the buildings/units must exist before Zero Lot Line applications can even be accepted.</p> <p><i>Addressing is the responsibility of the City of Atlanta. Should you wish a specific address please note request on next page.</i></p> <p align="center">INSTRUCTIONS:</p> <ul style="list-style-type: none"> • A complete Zero Lot Line Application, including Project Description Summary and Authorization of Property Ownership Forms. • One (1) copy of the approved construction plans of the proposed development (as approved by the Office of Buildings). • C clear, legible, to-scale boundary survey. <ul style="list-style-type: none"> • The survey or plat should show <u>solid and dimensioned</u> lot lines (bearings and lengths) for the boundaries of the overall parcel <u>and</u> for each lot to be considered for zero lot line approval. Boundary lines should be obtained from actual field-run survey records. • New street names must be approved by the Office of Planning during to the review of the application (where applicable). • All lots on new streets must reflect the addresses that have been approved by the Office of Buildings within the lot or the footprint of each proposed dwelling. • Surveys should reflect the name, size and extents of all bordering rights of way and must be sealed and signed by the Surveyor. • Provide a copy of <u>recorded covenants</u> that address all ownership and maintenance concerns • Application fee of \$250 for a Zero Lot Line Special Administrative Permit in all SPI Zoning Districts. The application fee is \$100 for all other zoning districts. Checks must be payable to the City of Atlanta. • 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 dcpoz@atlantaga.gov 			



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PROJECT SUMMARY FORM

ZLL-

ADDRESS OF PROPERTY _____ _____

Land Lot _____	Land District _____	Zoning _____
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Council District _____	Neighborhood Planning Unit (s) _____
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REQUESTED ADDRESSES:

DESCRIBE PROPOSED SUBDIVISION (INCLUDE REFERENCE TO ANY RECENTLY APPROVED ZONING CASE, IF THIS A PHASE, ETC.)

Copy of the recorded covenants and agreements that addressed the ownership and maintenance of common areas attached. **Yes** **No**



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**AFFIDAVIT
AUTHORIZATION BY PROPERTY OWNER
APPLICATION FOR ZERO LOT LINE SUBDIVISION
CITY OF ATLANTA, GEORGIA ZLL-**

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

_____ which is the subject of the attached
application for zero lot line subdivision, 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 subdivision of the
subject property.

NAME OF APPLICANT (AGENT) _____

ADDRESS OF APPLICANT _____

APPLICANT'S TELEPHONE NUMBER _____

APPLICANT'S EMAIL ADDRESS _____

NAME OF OWNER _____

SIGNATURE OF OWNER _____

Sworn to and subscribed before me this _____ day of
_____, 20____

Notary Public