



APPLICATION FOR MINOR LAND SUBDIVISION CITY OF ATLANTA, GEORGIA – OFFICE OF PLANNING

NOTICE: Beginning September 1, 2019, before making an application for land subdivision, consultation with the Concept Review Committee (CRC) is now required (please refer to adopted legislation, 19-R-3750). Please follow this link for additional details:

<https://www.atlantaga.gov/government/departments/city-planning/concept-review-committee>

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|---|--|
| DATE RECEIVED _____ | |
| DATE FILED _____ | APPLICATION NUMBER: MSD - ____ - _____ |
| <hr/> | |
| NAME OF APPLICANT _____ | PHONE NUMBER: _____ |
| NAME OF COMPANY _____ | CELL NUMBER: _____ |
| | FAX NUMBER: _____ |
| E-MAIL ADDRESS _____ | |
| 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 _____ |
| DESCRIPTION OF PROPERTY | |
| ADDRESS OF PROPERTY _____ | |
| The subject property fronts _____ feet on the _____ side of _____, beginning _____ feet from the _____ corner of _____ Area - _____ No. of Lots to be Created - _____ | |
| Land Lot _____ | District _____ Zoning _____ |
| Council District _____ | Neighborhood Planning Unit (s) _____ |
| 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. | |
| Owner or Agent for Owner (Applicant) _____ | |
| Sworn to and subscribed before me this _____ day of _____, 20 _____ | |
| _____ Notary Public | |

AFFIDAVIT

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

I swear that I am the owner of _____
State addresses or parcel ID numbers of all properties involved with this request
_____, which is the subject of the
attached application for land subdivision, and is(are) 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 _____

ADDRESS OF APPLICANT _____

APPLICANT'S TELEPHONE NUMBER _____

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