



Community Affairs
5000 Austell Powder Springs Rd
Suite 141
Austell, GA 30106
Office: (770) 944-4309
Web: www.austellga.gov

Application for Lot Split/
Recombination Plat

Application No.: \_\_\_\_\_

Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address

(Representative's Signature)

(Representative's Name Printed)

Owner: \_\_\_\_\_ email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address

(Owner's Signature)

(Owner's Name Printed)

Surveyor: \_\_\_\_\_

Business Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address

Summary of Changes (add #/subtract #/alter lots): \_\_\_\_\_

Property Information:

Size of the Tract: \_\_\_\_\_ Acre(s) Total # of Lots: \_\_\_\_\_ County: \_\_\_\_\_

Location: \_\_\_\_\_

Land Lot(s): \_\_\_\_\_ District(s): \_\_\_\_\_

Parcel(s): \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Meets Standards: Yes / No (\*may require rezoning or variance)