

Minor Subdivision, Lot Combination, Lot Line Adjustment

Application Submittal:

This application is required for all Minor Subdivision, Lot Combination, and Lot Line Adjustment submittals (Article B - Subdivisions).

Incomplete applications will **not** be accepted.

Supporting Documentation:

See Document Requirements Matrix (attached)

Fees and Schedule:

The fee for submitting a Minor Subdivision application is \$105 + 11.50 per lot (maximum \$1,230). At this time, there is no fee for a lot combination (consolidation) or lot line adjustment. However, the application must be completed in its entirety.

The Site Development application proceeds through the Pre-Construction Review Committee for approval.

Additional Information:

A minor subdivision shall be a subdivision which contains no more than four (4) lots and which does not require the construction of any public improvements including streets, sidewalks, sewer/water lines, and street trees.

No building permits will be issued for any Minor Subdivision, Lot Combination, or Lot Line Adjustment until a recorded Plat is provided.



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Pre-Planning Case Number:				Date of Pre-Planning Meeting:			
OWNER / APPLIC	CANT:						
Owner Name:				Applicant Name:			
Address:				Address:			
City:	State:	Zip:		City:	State	e:	Zip:
Tel#:	Mobile #:	Mobile #:		Tel #:	Mob	ile#:	<u> </u>
Email:				Email:			
Project Name: Property Locatio	n:					Com	nmission District
Parcel #(s): Curre			Current	t Zoning District: Total			Il Acreage:
Application Type ☐ Minor Subdivi		mbinatio	n □ Loi	t Line Adjustment	i		
Any Applicable 2	Zoning Districts	s: □ N/A	. □ R-4	□R-7. 5S □PU	JD □Con	nmerc	ial
]7th Street □	☐ 16th Avenue						
From a of Davidson							
Type of Develop	ment:						
☐ Residential [☐ Non-Resider	ntial 🔲	Mixed Us	е			



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Current Use of Property:					
Current Number of I	Lots:				
Number of Lots Pro	posed:				
Minimum Lot Size P	Proposed:				
FOR LOT COMBINA	TIONS / LOT REPARCELS ONLY:				
* All Property Owner(s) Must Be The Same On All Parcels				
	ne attached plat, survey, or deed, I hereb County Tax Assessor to:	y require and			
☐ COMBINE the follo☐ REPARCEL the follo					
Parcel(s)					
Parcel(s)		_			
Parcel(s)					
I hereby certify that the info	rmation provided in this application is true and acc	curate.			
Print Name	Signature	Date			



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PROPERTY OWNER(S) AUTHORIZATION FORM

swe (Property Owner's Name)	ear and affirm that I am the owner of the property a
(Property Address and Parcel Number)	, as shown on the Tax
Map And/or deed records of Cris County,	Georgia.
I hereby authorize(Applicant Name)	to act as the applicant or agent in pursuit of
the development requested on this property	/.
(Signature of Property Owner)	
Personally appeared before me on this	day of20
My Commission expires on	
Notary Signature/Seal	Date