



LOT DIVISION/ SUBDIVISION/ PLAT APPROVAL

Department of Planning and Development
100 S. Hill Street, Griffin, GA 30223
Phone: (770) 233-4130 Fax: (770) 233-2915

Date: _____

Type of Review: [] Lot Division [] Subdivision [] Plat Approval

Project Name/ Description: _____

Address: _____

Tax Parcel Number: _____ Zoning: _____ Parcel(s) Size: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Please review and initial beside text that your submission complies with each:

- Owner's Authorization Form if applicant is not the owner.
Letter of Ownership or executed deed with this request.
Illustrate all dimensions, including setbacks and/or boundary lines, for each parcel division.
Plat is drawn accurately to scale.
Five (5) copies of the plat submitted with surveyor's original seal, signature, firm name and address.
Plat should be no larger than 17" x 22" and no smaller than 8 1/2" x 11" and uniform in size.
Parcel divisions meet the requirements of the zoning district.

The following notes are required on each plat drawing or map and check for accuracy:

- Owner's name and address,
Zoning District, Land Lot, District, and Tax Parcel Number
Surrounding property owners, zoning districts and tax parcel numbers identified.
Proposed easement, if applicable.
Map scale, North arrow (true, magnetic or grid) and Date
All existing structures represented
Right of Way for any roadways
This property is/ is not part of a subdivision
This property is/ is not in a wetland.
This property is/ is not in a flood plain.
This property is/ is not in a watershed area.
This property does/ does not have any bodies of water on the property.

Signature of Applicant

Printed Name

Griffin

OWNER'S AUTHORIZATION

This is to certify that:

(Name of Owner or Representative of the Owner)

The person named above is the Owner or Representative of the Owner holding interest in the property that is subject to the attached application.

By execution of this form, authorization is given to the person name as "Applicant" below, acting on behalf of the owner, to file for and pursue a request for approval of the following:

Lot Division Subdivision Plat Approval Development Review

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Signature of Owner

Date: _____

Signature of Representative

Date: _____

Notary Signature and Seal

Commission Expiration Date: _____