



Carroll County Department of Community Development

997 Newnan Rd
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

PARCEL SPLIT APPLICATION

- ☐ **PARCEL SPLIT FEE \$100.00**
- ☐ **REQUIRED TO HAVE FOUR (4) COPIES OF SURVEY OR PROPOSED SPLIT**
- ☐ **IS THIS PROPERTY IN CUVA? IF, PLEASE CONTACT THE TAX ASSESSOR'S OFFICE FOR DIRECTION.**

Fee Paid: _____

Date Received: _____

Received By: _____

Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

Applicant Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: () _____ - _____ **Fax:** () _____ - _____ **Email:** _____

Agent Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: () _____ - _____ **Fax:** () _____ - _____ **Email:** _____

Owner Name (If different from applicant): _____
Address: _____
Phone: () _____ - _____ **Fax:** () _____ - _____

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

Location of Proposed Split: _____

Total number of Acres: _____ **Total number of proposed lots:** _____

Land Lot _____ **District** _____ **Map** _____ **Parcel(s)** _____

TO BE COMPLETED BY STAFF AT PARCEL SPLIT CONFERENCE:

- | | |
|--|---|
| <input type="checkbox"/> Owner's/Subdivider's Name and address | <input type="checkbox"/> Total acreage |
| <input type="checkbox"/> Total number of lots | <input type="checkbox"/> Zoning & Zoning Case Number if applicable |
| <input type="checkbox"/> Minimum lot size | <input type="checkbox"/> Road frontage(s) of each lot including remainder |
| <input type="checkbox"/> State waters statement and Floodplain statement | <input type="checkbox"/> Watershed statement |
| <input type="checkbox"/> Surveyor's seal and original signature (4 copies) | <input type="checkbox"/> Date drawn |
| <input type="checkbox"/> Comments _____ | |

APPROVED

APPROVED AS NOTED

DENIED

County Planner

Date

County Engineer

Date

Community Development Director

Date



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AFFIDAVIT FOR A PARCEL SPLIT

_____, [PRINT NAME] personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **PARCEL SPLIT APPLICATION** under the ordinances of Carroll County.

The information contained within the application attached hereto and filed in the Carroll County Department of Community Development consist of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This _____ day of _____, _____.

AFFIANT (signature)

Personal _____
Address: _____

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.

Entity: _____

Address: _____

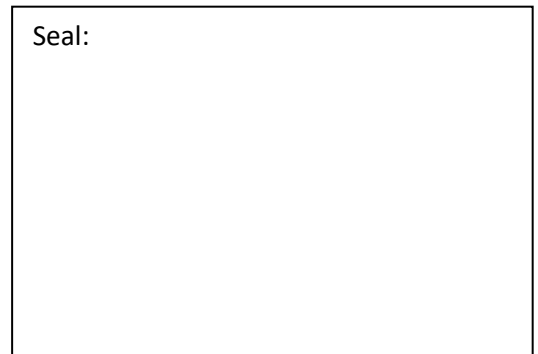
Notary

Sworn to and subscribed before me on this _____ day of _____, _____.

Signature: _____

My Commission Expires: _____

Seal:





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PARCEL INFORMATION SHEET **APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS	FRONT		
	SIDE		
	REAR		
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST			
<input type="checkbox"/> Owner(s) & Agent (if applicable)		<input type="checkbox"/> Legal Description or Adequate Description of Property	
<input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures)		<input type="checkbox"/> Complete Inventory of Proposed Structures	
<input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities		<input type="checkbox"/> Applicant's Certification	
Signature of County Planner or Designee: _____ Date: _____			
Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	