



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

PARCEL SPLIT APPLICATION

- PARCEL SPLIT FEE \$25.00**

REQUIRED TO HAVE FOUR (4) COPIES OF SURVEY OR PROPOSED SPLIT

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:

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

APPROVED

APPROVED AS NOTED

DENIED

Date:

Date:

Date:

County Planner

County Engineer

Community Development Director

