

PARCEL SPLIT APPLICATION

Carroll County
423 College Street

Department of Community Development
Carrollton, GA 30117 (770) 830-5861



- Parcel Split Fee \$25.00
- Req'd to have (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:

- Owners/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: _____
Zoning Administrator	Zoning Administrator	Reasons: _____
Engineer	Engineer	
Director	Director	

STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A _____

_____, 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 _____ under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists 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)

Address: _____

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

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

Notary Public

My Commission Expires:

Entity:
Address: _____

