

JEFFREY E. TURNER
CHAIRMAN
SONNA SINGLETON-GREGORY
DISTRICT 1
GAIL B. HAMBRICK
DISTRICT 2
SHANA M. ROOKS
DISTRICT 3
MICHAEL L. EDMONDSON
DISTRICT 4

Community Development Department
121 South McDonough Street, Jonesboro, Georgia 30236
Office: (770) 477-3569 Fax: (770) 473-5467
www.claytoncountyga.gov/departments/community-development



PATRICK ELKE
DIRECTOR

Lot Combination/Re-parcel

This application is required to combine and/or re-parcel lots. All applications must be complete, signed, notarized (if applicable) and submitted in accordance with the adopted Zoning Ordinance. Incomplete applications will not be accepted. This application package consists of:

Cover Page
Support Document Matrix
Application
Property Owner(s) Authorization Affidavit
Special Power of Attorney Affidavit

Submittal Requirements:

- A Completed Application Package
- Letter of Intent (purpose of lot combination and/or re-parcel request)
- A Minimum of four (4) engineered, stamped survey plats

Recording:

- Applicant must file the approved Survey Plat with the Clayton County Clerk of Superior Court.
- The applicant shall submit an electronic version of the plat and four (4) hardcopy sets of the recorded final plat to the Zoning Administrator within the Department of Community Development.
- Submit one (1) original, recorded survey plat to the Clayton County Tax Assessor's Office

Note: No Building permits will be issued for any lot combination or re-parcel property until a recorded plat is provided.

Zoning Request Application Submittal Requirements

| Category |  Zoning Related Permits | Required Documents | | | | | | | | | | | |
|--|---|-----------------------|-------------------------------|-------------------------------------|------------------------------------|---------------|------------------|-------------------|---|-------------------------|------------|------------------------------|-------------|
| | | Completed Application | *Property Owner Authorization | Special Power of Attorney Affidavit | Notarized Campaign Disclosure Form | Property Deed | Letter of Intent | Legal Description | Survey of Existing Property (sign & sealed) | ** Sewer/ Septic Letter | Site Plans | Building Plans or Elevations | Site Photos |
| Zoning Appeals | Appeals of Administrative Decision | X | | | | | X | | | | | | |
| | Zoning Variance Submittal | X | X | | | X | X | X | X | | X | X | |
| | Stream Buffer Variance | X | X | | | X | X | X | | | X | | |
| Process | Minor Subdivision | X | X | | | X | | X | X | X | X | | |
| | Tree Removal | X | X | | | | | | | | X | | X |
| Administrative | Zoning Verification | X | | | | | | X | X | | | | |
| | Timber Harvesting | X | X | | | | | | | | X | | |
| | Lot Combination/Re-Parcel | X | X | X | | X | X | X | X | | | | |
| | Sign Permit | | | | see sign permit application | | | | | | | | |
| Land Development | Site Development | X | X | | | X | | X | X | | X | X | |
| | Preliminary Plat | X | X | | | X | | X | X | | X | | |
| | Final Plat | X | X | | | X | | X | | | X | | |
| Rezoning & LandUse | Zoning Change | X | X | X | X | X | X | X | X | X | X | X | |
| | Planned Unit Development | X | X | | X | X | X | X | X | X | X | X | |
| | Modification of Zoning Condition | X | X | | X | X | X | X | X | | X | X | |
| | Land-Use Plan Amendment | X | | | | | X | | | | | | |
| | Conditional Use Permit | X | X | | X | X | X | X | X | X | X | X | |
| * Letter of Authorization must be Notorized | | | | | | | | | | | | | |
| ** Clayton County Water Authority Sewer Letter or Clayton County Health Department Septic Letter | | | | | | | | | | | | | |
| Site Plan not needed for residential tree removal; only Site Photos needed | | | | | | | | | | | | | |

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Lot Combination/ Re-Parcel Application

Property Information

[Shaded Area for Office use only]

| | | | | |
|---------------|--|---|-------------|-----|
| Parcel #(s): | | Acreage: | Date R'cvd: | |
| Address: | | City | State | Zip |
| Project Name: | | Commission District: | | |
| | | Legal Description: Please attach a deed | | |

Owner/Applicant

| | | | | | |
|-------------|----------|-----|-----------------|----------|-----|
| Owner Name: | | | Applicant Name: | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Tel# | Mobile # | | Tel# | Mobile # | |
| Fax # | Email | | Fax# | Email | |

Proposed Project Information

| | | | |
|--------------------------------------|--|--|-------------------|
| Zoning Classification: | Any Applicable Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Applicable Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Acreage: |
| Total number of lots to be combined: | | Minimum Lot size: | Sides: Rear: |

****REQUIRED: ALL PROPERTY OWNER(S) MUST BE THE SAME ON ALL PARCELS****

I hereby request and authorize the Clayton County Tax Assessor, Property Mapping Division to:

() COMBINE the following properties. **USAGE:** Commercial or Residential

() REPARCEL in accordance with the attached plat, or survey or deed.

Parcel(s): _____

Parcel(s): _____

Parcel(s): _____

Parcel(s): _____

Parcel(s): _____

PLEASE NOTE:

This request is subject to all Zoning & Building Requirements under the jurisdiction of unincorporated Clayton County. If you have any further questions concerning Zoning & Building Requirements, please contact Planning & Zoning or the Building Department for clarification.

Signature of Applicant/Authorized Agent

Printed Name of Applicant/Authorized Agent

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Property Owner(s) Authorization

I, _____ swear and affirm that I am the owner of the property
(Property Owner's Name)

at _____, as shown on the Tax Map and/ or deed
(Property address or parcel number)

Records of County, Georgia.

I hereby authorize _____ to act as the applicant or agent in
(Applicant Name)

pursuit of the development requested on this property.

(Signature of Property Owner)

Personally appeared before me on this _____ day of _____, 20____.

My Commission expires on_____.

(Notary Signature/ Seal)

(Date)

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Special Power of Attorney Affidavit

STATE OF GEORGIA
COUNTY OF CLAYTON

This _____ day of _____, 20____, I, the owner of
_____, make, constitute, and appoint
Property Address and/or Tax Map ID
_____, my true and lawful attorney-in-fact, and in my name,
Name of Attorney or Representative
place, and stead giving unto said _____ full power and authority to do
and perform all acts and make all representation necessary, without any limitation whatsoever, to
make application for said _____. The right, powers, and authority of
Type of application
said attorney-in-fact herein granted shall commence and be in full force and effect on
_____, 20____, and shall remain in full force and effect
thereafter until actual notice, by certified mail, return receipt requested, is received by the
Department of Community Development stating that the terms of this power have been revoked
or modified.

Owner Signature

STATE OF GEORGIA:
COUNTY OF CLAYTON:

Subscribed and sworn before me this _____ day of _____, 20____ in
my county and state aforesaid, by the aforementioned Principal.

Notary Commission

My Commission Expires: _____