



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
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												

JEFFREY E. TURNER
CHAIRMAN
SONNA SINGLETON-GREGORY
VICE CHAIRMAN
FELICIA FRANKLIN WARNER
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department

121 South McDonough Street, Jonesboro GA 30236

Office: (770) 477-3569

www.claytoncountyga.gov/departments/community-development

Lot Combination/ Re-Parcel Application



PATRICK EJIKE
DIRECTOR

Property Information

[Shaded Area for Office use only]

Parcel #(s):		Acreage:	Date R'cvd:	
Address:	City	State	Zip	Commission District:
Project Name:		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

JEFFREY E. TURNER
CHAIRMAN
SONNA SINGLETON-GREGORY
VICE CHAIRMAN
FELICIA FRANKLIN WARNER
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street, Jonesboro GA 30236
Office: (770) 477-3569
www.claytoncountyga.gov/departments/community-development
Property Owner(s) Authorization



PATRICK EJIKE
DIRECTOR

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)

JEFFREY E. TURNER
CHAIRMAN
SONNA SINGLETON-GREGORY
VICE CHAIRMAN
FELICIA FRANKLIN WARNER
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street, Jonesboro GA 30236
Office: (770) 477-3569
www.claytoncountyga.gov/departments/community-development
Special Power of Attorney Affidavit



PATRICK EJIKE
DIRECTOR

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

Name of Attorney or Representative my true and lawful attorney-in-fact, and in my name,
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: _____