

**Lot Split, Reconfiguration,
Combination Plat Application
& Checklist Package**



4362 Peachtree Rd, Brookhaven, GA 30319
(404) 637-0500 • Fax (404) 637-0501 • www.brookhavenga.gov

Date: ____ / ____ / ____
Permit No.: _____
Fee: \$ _____

PLAT APPLICATION

Type of Project:

Description of proposed platting activity (check all that apply):

- Reconfigurations/Lot Split
- Combination
- Preliminary
- Address

Project Information:

Name of Project or Subdivision (note name of former Subdivision, if any)			# of Lots	
Property Address			GA	Zip Code
	Suite/Apt #.	City	State	Zip Code
Property ID / PIN	Zoning	Zoning Case No.	Total Acreage	
Owner of Record (Company / Individual)				
Owner Address	Suite/Apt #.	City	State	Zip Code

Applicant Information:

Applicant Name				
Company				
Mailing Address	Suite/Apt #.	City	State	Zip Code
Phone	Cell Phone	Fax Phone	E-mail (for sending review comments)	

Terms & Conditions

The undersigned, upon oath, states that the above information is true and correct, understands that the Permit issued is only for work as stated. This permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances of this jurisdiction including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. Construction will begin no later than six months from the issue date of the permit. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold the city harmless from all damages, demands or expenses of every character which may in any manner be caused by construction and/or the structure

Applicant Signature (Property Owner or Owner's Rep)

Date