



# ROCKDALE COUNTY PLANNING & DEVELOPMENT

P.O. Box 289/958 Milstead Ave NE, Conyers, GA, 30012  
Phone: 770-278-7100  
Email: [planning@rockdalecountyga.gov](mailto:planning@rockdalecountyga.gov)

## SUBDIVISION/PLAT APPLICATION

CASE #: \_\_\_\_\_

### PROPOSED SUBDIVISION/PLAT

Per 2019 House Bill 493, detailed checklists of items required to be submitted for each type of project are supplemental to this application. Each item on the separate checklist **must be checked off and a page number where the item is located must be noted** and included with the application. The applicant must sign the affidavit, at the end of the application and each required checklist, certifying that all required items are provided. If there are questions regarding items required for your specific project, contact staff for clarification prior to submitting the application. **Exact DWG File of the Recorded Plat**

Subdivision/Plat Name:		
Property Address(es): (With City and Zip Code)		Tax Parcel Nos.:
Subdivision:	Land Lot(s):	District(s):
Total Acreage:	Number of Properties:	
Is this plat associated with a Permit or a Zoning Amendment? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Project/File No.:		
Water Provider:	Sewer Provider:	Zoning District:
Number of Lots: Existing      Proposed		
Are any existing buildings on the site? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, are any to remain? <input type="checkbox"/> No <input type="checkbox"/> Yes		

### PURPOSE

<input type="checkbox"/> Single Family	<input type="checkbox"/> Office	<input type="checkbox"/> Industrial
<input type="checkbox"/> Two Family	<input type="checkbox"/> Retail	<input type="checkbox"/> Other
<input type="checkbox"/> Multi Family	<input type="checkbox"/> Institutional	

### SUBDIVISION/PLAT TYPE

<input type="checkbox"/> Minor Subdivision (2-4 lots)	<input type="checkbox"/> Combination	<input type="checkbox"/> Easement
<input type="checkbox"/> Major Subdivision (5 or more lots)	<input type="checkbox"/> Recombination	<input type="checkbox"/> Retracement/Historical Lot of Record

### SUBMITTAL TYPE

<input type="checkbox"/> Concept Plan (Sketch)	<input type="checkbox"/> Final Plat	
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Revision to Recorded Plat	

### APPLICANT INFORMATION

Authorized Agent / Contact Person:			Surveyor:		
Business / Person Name:			Business / Person Name :		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:	Fax #:		Email:	Fax #:	

### PROPERTY OWNER INFORMATION

Owner 1:			Owner 2:		
Business / Person Name:			Business / Person Name:		
Owner of Tax Parcel No(s).:			Owner of Tax Parcel No(s).:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Office #:	Mobile #:		Office #:	Mobile #:	
Email:			Email:		

## NARRATIVE STATEMENT

Attach a narrative statement to this application describing the subdivision and whether improvements are needed to provide access to public infrastructure to all new lots created by this subdivision plat. If no improvements are needed, please state that no infrastructure improvements are necessary. If improvements are required, the consulting engineer shall provide a statement and signed itemized cost estimate for review by County staff and an explanation of the planned improvements. Both the narrative statement and construction bond estimate shall be stamped and signed by a registered Professional Engineer.

### FILING FEES

**Filing Fees:** The non-refundable filing fee is payable at the time of application. Payment may be made by cash (exact amount), credit card (VISA or Mastercard), check, or money order payable to Rockdale County.

<input type="checkbox"/> Fast Track / Combination Plat (Minor Subdivision, Combination, Recombination, Easement, Retracement/Historical Lot of Record (2-4 lots))	\$100																				
<input type="checkbox"/> Revised Final Plat Review	\$100																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">Number of Lots</th> <th style="width: 15%;">Fee Per Lot</th> <th style="width: 15%;">Lot Fees</th> <th style="width: 25%;">Fee Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Preliminary Subdivision Plat (5+ lots)</td> <td style="text-align: center;">x</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Final Subdivision Plat (5+ lots)</td> <td style="text-align: center;">x</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;"><b>Filing Fee (Fee Amount)</b></td> <td style="text-align: center;"><b>\$</b></td> </tr> </tbody> </table>		Number of Lots	Fee Per Lot	Lot Fees	Fee Amount	<input type="checkbox"/> Preliminary Subdivision Plat (5+ lots)	x	\$10	\$	\$	<input type="checkbox"/> Final Subdivision Plat (5+ lots)	x	\$10	\$	\$				<b>Filing Fee (Fee Amount)</b>	<b>\$</b>
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			<b>Filing Fee (Fee Amount)</b>	<b>\$</b>																	

### APPLICANT CERTIFICATION

Please read and initial the following statements:

- \_\_\_\_ 1. I hereby request the County consider the information contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on the Planning Commission (PC) and/or Board of Commissioners (BOC) Agenda for a public hearing.
- \_\_\_\_ 2. I hereby acknowledge that I understand the requirements listed on the checklist for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.
- \_\_\_\_ 3. I have read and understood the applicable sections of the Rockdale County Unified Development Ordinance, as provided in the Instructions.

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Applicant's Name)	_____ (Date)
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### NOTARY

The secure and verifiable document provided with this affidavit can best be classified as:	_____ (type of document)
--	-----------------------------

Executed in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(city)                                      (county)                                      (state)                                      (day)                                      (month)                                      (year)

Notary Public signature	<b>SEAL</b>
GA Registration No. and expiration date	



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## OWNERSHIP STATEMENT

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records. Husband and wife or other individuals shall each sign individually. Make copies if needed.

### OWNERSHIP STATEMENT

As the current owner(s) of Tax Parcel #(s) \_\_\_\_\_,  
I (we) respectfully request that the action regarding subject property be taken pursuant to this Subdivision/Plat Application.

Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

If the owner is a business, list the Registered Agent or Authorized Signatory:

### SIGNATURE

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

Wait to be in front of notary to sign:	_____ (Signature)	_____ (Owner's Name - Printed)
--	-------------------	--------------------------------

### NOTARY

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**AGENT  
AUTHORIZATION  
STATEMENT**

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records if they wish to have an agent represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

**AGENT AUTHORIZATION STATEMENT**

I, \_\_\_\_\_, hereby certify that I have authorized the following agent to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.:

\_\_\_\_\_

Agent's Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

**SIGNATURE**

Wait to be in front of notary to sign:	_____ (Owner's Signature)	_____ (Owner's Name - Printed)
--	---------------------------	--------------------------------

**NOTARY**

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## SURVEYOR AUTHORIZATION STATEMENT

To be completed by each owner of the subject property or properties as it appears on the Rockdale County tax records or by the agent if they wish to have an attorney represent them in all matters related to this application. Husband and wife or other individuals shall each sign individually. Make copies if needed.

### SURVEYOR AUTHORIZATION STATEMENT

I, \_\_\_\_\_, hereby certify that I have authorized the following surveyor to make the request, claims and representation pursuing this application regarding Tax Parcel Nos.:

Surveyor's Name:	Address:	City:	State:	Zip:
Firm:	Phone #'s:	Email:		

### SIGNATURE

Wait to be in front of notary to sign:	_____ (Owner's/Agent's Signature)	_____ (Owner's/Agent's Name - Printed)
--	-----------------------------------	--

### NOTARY

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