



City of Covington

PARCEL DIVISION APPLICATION

Date Received: _____

Received By: _____

P&D Case# _____

Invoice #: _____

PLEASE COMPLETE THE BELOW INFORMATION.

***INCOMPLETE and/or NON-LEGIBLE APPLICATIONS WILL NOT BE FORWARDED FOR BOARD REVIEW.**

I. REQUIREMENTS:

The following items must be submitted as concurrent attachments to the application.

- A completed parcel division application having all required wet signatures/notarizations and the components listed below:
- Payment submitted for a \$200.00 base fee plus a \$5.00 fee for **each** lot.
- A recent survey of the property illustrating all the requirements as adopted under *Chapter 14.04* of the City of Covington Municipal Code of Ordinances. Ordinances can be found online at https://www.municode.com/library/ga/covington/codes/code_of_ordinances
- One (1) legal description with metes and bounds of the parcels being created
- One (1) digital set of plans

CURRENT ZONING DISTRICT: _____

II. APPLICANT(S):

Name: _____

Mailing Address: _____
City/State Zip

Phone: _____ Email Address: _____

II. CURRENT PROPERTY OWNER (IF DIFFERENT FROM THE APPLICANT):

Name: _____

Mailing Address: _____
City/State Zip

Phone: _____ Email Address: _____



City of Covington

PARCEL DIVISION APPLICATION

Date Received: _____

Received By: _____

P&D Case# _____

Invoice #: _____

IV. PROPERTY INFORMATION:

Property Address: _____

City/State Zip

Parcel Number(s): _____

Parcel Size(s): _____

V. PROPERTY OWNER(S) SIGNATURE(S):

VI. APPLICANT SIGNATURE (S)- (IF DIFFERENT FROM OWNER):

VII. GENERAL INFORMATION:

In the space below, please provide a detailed description / purpose of the proposed lot division.

VIII. AUTHORIZATION FOR OWNER'S REPRESENTATION (If applicable)

I, _____, the owner of the subject property identified in this application, do hereby authorize _____, to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative

Printed name of owner/applicant _____

Signature of owner/applicant _____ Date: _____

Printed name of owner/applicant _____

Signature of Representative _____ Date: _____



City of Covington

PARCEL DIVISION APPLICATION

Date Received: _____

Received By: _____

P&D Case# _____

Invoice #: _____

IX. CERTIFICATION:

I, _____, the owner or authorized representative of the owner have read and understand the contents of this application. I certify that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge and belief.

Signature of owner or authorized representative: _____ Date: _____

NOTARY:

Sworn to and subscribed to me this _____ day of _____, 20 _____

Notary Signature: _____

Notary Seal

***** FOR OFFICE USE ONLY *****

Fee Received		File #	
Planning Director Signature			
Approved:	Denied:		
If denied, reason for denial or (see attached).			
PLANNING COMMISSION		PC Hearing Date:	
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Approved with Attached Remarks: <input type="checkbox"/>	
Presented to board: <input type="checkbox"/>		Signature: _____	
Informational only/consent agenda item			