



City of Covington

PARCEL COMBINATION APPLICATION

Date Received: _____

Received By: _____

CPC: _____

PLEASE COMPLETE THE FOLLOWING:

CURRENT ZONING DISTRICT: _____

I. APPLICANT:

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

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

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

III. PROPERTY INFORMATION:

Property Address: _____

Parcel Number(s): _____

Parcel Size(s): _____

IV. PROPERTY OWNER(S) SIGNATURE:

V. APPLICANT SIGNATURE (IF DIFFERENT FROM OWNER):

VI. GENERAL INFORMATION:

Provide a detailed description of the proposed lot combination request below



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VII. REQUIRED ITEMS:

- One (1) original signed application
- A recent survey of the property illustrating all of the requirements listed as required in Chapter 14.04 of the City of Covington Municipal Code of Ordinances. Ordinances are 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.

VIII. AUTHORIZATION FOR OWNER'S REPRESENTATION:

I, _____, owner of the subject property identified in this application, do hereby authorize _____ to act as my representative in all matters pertaining to the processing and approval of this application, including modifying the application according 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.

Signature of property owner: _____ Date: _____

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: _____

X. NOTARY:

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

Notary Signature: _____

Notary Seal



City of Covington

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*** 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"/> Signature: _____