



HALL COUNTY PLANNING AND DEVELOPMENT AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) _____

Address _____

Phone Number _____

Name of applicant(s) _____

Address _____

Phone Number _____

Purpose of Permit _____

Site Address _____

I swear that I am the owner of the property, which is the subject matter of the attached applications as shown in the records of Hall County, Georgia. I authorize the person named above to act as applicant in the pursuit of a permit as described above for the subject property.

Signature of Owner(s)

Personally appeared before me

Notary Public (Print Name)

who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Notary Public Signature

Date



PARCELS TO BE COMBINED / SPLIT

HALL COUNTY BOARD OF TAX ASSESSORS
POST OFFICE BOX 2895
GAINESVILLE, GEORGIA 30503
PHONE (770) 531-6720 FAX (770) 531-3968
www.hallcounty.org

To be Combined		To be Split	
Map Code PIN #:			
Owner Name(s):			
Mailing Address:			
Contact Number 1:			
Contact Number 2:			
Signature 1:			
Signature 2:			
Date:			
Tax Year:			
Comments/ Notes:			
Comments/ Notes:			
Accepted By:			
Date:			

Disclaimer: The authorization to split or combine tax parcels may affect the valuation of the subject property. Appraisal staff should be consulted in making any changes to said property. In signing this Form, you are giving permission to make these changes with knowledge that there may be tax value implications. Contiguous tracts may be combined at the request of the owner(s) **as long as all tracts are in the same name and ownership status as recorded in the Deeds of Record in the Hall County, Georgia Deed Record Room (I.E. Tenants in Common, or Joint Tenants with Survivorship.)** and have been **split longer than three years, and are in the same Tax District.** (GENERAL POLICIES ITEM 5.) No subdivisions or subdivided tracts shall be re-combined for at least **three years** after the initial division of the original tract. (GENERAL POLICIES ITEM 22.) **Conservation tracts** with different Covenant Years cannot be combined according to Guidelines from the State of Georgia.

Engineering notes to be added to plat

ANY STREAM OR STATE WATER LOCATED ON THIS PROPERTY MAY BE SUBJECT TO A 50 FEET UNDISTURBED NATURAL BUFFER AND A 75 FEET IMPERVIOUS SURFACE SETBACK. (HALL COUNTY CODE §8.170.070)

IF A PROPERTY IS LOCATED IN THE NORTH OCONEE WATERSHED DISTRICT, THEN ADDITIONAL STREAM BUFFERS AND IMPERVIOUS SETBACKS MAY BE REQUIRED FOR COMPLIANCE. (HALL COUNTY CODE §17.225.040)

THIS PROPERTY **IS/IS NOT** (Please specify) LOCATED IN A FLOOD HAZARD AREA AS SHOWN ON FLOOD INSURANCE RATE MAP #XXXXXXXXXX, HALL COUNTY GEORGIA, DATED XX/XX/XX.

THIS PROPERTY **IS/IS NOT** (Please specify) LOCATED IN THE HALL COUNTY FUTURE FLOOD ZONE PER HALL COUNTY GIS.

IF RESIDENTIAL PROPERTY IS SUBDIVIDED INTO SEVEN LOTS OF MORE WITH ALL LOTS ACCESSING EXISTING HALL COUNTY, GEORGIA ROADS, THEN STORMWATER MANAGEMENT IS REQUIRED FOR COMPLIANCE. (HALL COUNTY CODE §8.180.120 AND §8.180.130) *{SURVEYOR TO PROVIDE ALL PREVIOUS PARENT TRACTS OF LAND'S PARCEL IDS}*

Hall County Environmental Health Department

2875 Browns Bridge Rd, Gainesville, GA 30504
Mailing Address: P.O. Box 5901, Gainesville, GA 30504
Phone: 770-531-3973 Fax: 770-531-6767

Application Date: _____

Owner Name: _____ phone #: _____

Contact Name: _____ phone #: _____

Owner email: _____ Contact email: _____

Site Address: _____

Directions: _____

Purpose/Reason for Plat Recordation: _____

Check all that apply:

- A site specific soil analysis is included – please contact the Environmental Health Department for requirements.
- Owner/Representative has checked with the County Planning & Zoning Department to verify requirements.
Spoke with: _____
- Property pins have been marked/set.
- Is there an existing septic system on the property? _____
**Please note that if no record of the existing septic system is located, the septic tank location must be staked on the property by the property owner/representative. The HCEHD will contact you if no record is found.
- Are you planning to build within the next 12 months? _____. If so, please contact the Environmental Health Department for options to combine reviews for the plat and septic permit into one process. Please note that the proposed structure must be staked prior to a site visit. Date structure staked: _____.
- Other: _____

FOR HCEHD OFFICE USE ONLY:

Inspector Comments: _____

Inspector Name: _____ Date: _____

In-Office Review/Approval (Collect Fee of \$ _____)

Fee Collected

Site Visit Required (Collect Fee of \$ _____)

Fee Collected

Site Visit Performed

Approved by EH

Received Signed Copies from Engineering

Stamped & Submitted to P/Z