



CITY OF AUBURN  
COMMUNITY DEVELOPMENT DEPARTMENT  
1369 4TH AVE, AUBURN, GA 30011  
Phone: (770) 963-4002  
www.cityofauburn-ga.org

**EXEMPTION PLAT APPLICATION**

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

**GENERAL INFORMATION:**

Applicant(s) :

Property Owner(s):

\_\_\_\_\_  
\_\_\_\_\_

Address:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone:

Phone:

\_\_\_\_\_  
\_\_\_\_\_

Email:

Email:

\_\_\_\_\_  
\_\_\_\_\_

Property Address:

Tax Parcel # (s):

\_\_\_\_\_  
\_\_\_\_\_

Describe proposed modification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information and all attached information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Application Submittal: Include four (4) copies of proposed plat prepared by surveyor with current GA registration and \$250.00 application fee.



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**CERTIFICATIONS**

In the event an owner's agent or contract purchaser is filing this application, both of the certifications below must be completed. If the owner is filing the application, only the owner's certification must be completed.

**OWNER'S CERTIFICATION**

The undersigned below, hereby declares that they are the owner(s) of the property, located at

\_\_\_\_\_ ,

as shown in the records of Barrow or Gwinnett County, GA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Appeared before me personally this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public



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**AGENT'S CERTIFICATION**

The undersigned below, or as attached, is hereby authorized to make this application by the property owner for the property listed above, which is the subject of this application.

----- ,

as shown in the records of Barrow or Gwinnett County, GA.

-----  
Signature

-----  
Date

Appeared before me personally this

----- day of -----, 20 -----.

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Signature of Notary Public