

**PLAT  
RECOMBINATION/  
LOT LINE  
ADJUSTMENT  
APPLICATION**

**CITY OF RINCON**  
Planning & Development Department  
302 S Columbia Avenue  
Rincon, GA 31326  
P: 912-826-5996 F: 912-826-2083  
www.cityofrincon.com



**PROPERTY INFORMATION**

Location Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Existing Land Use: \_\_\_\_\_  
 Net Property Acreage (minus wetlands): \_\_\_\_\_ Gross Property Acreage: \_\_\_\_\_  
 Existing # of Lots: \_\_\_\_\_ Lots after Recombination: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

**Applicant is** (check one):  the property owner  Not the Property Owner (attach the Property Owner's Authorization)

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

**Do I meet the requirements for a plat recombination? Both boxes must be checked.**

- no more lots created than currently exist; and  
 no new street or roadway created

**Applicant’s Certification:** I hereby certify that I am the property owner or the authorized agent of the property being proposed for recombination, and that this recombination plat does not violate any covenants or deed restrictions. I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notarized**

**SUBMITTAL REQUIREMENTS**

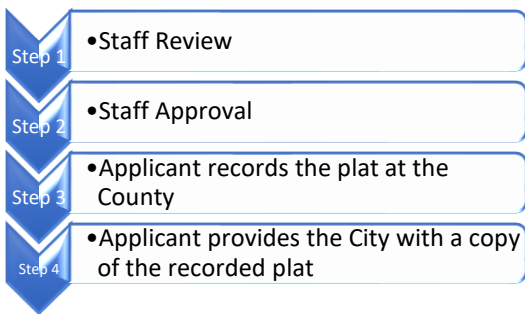
- Final Plat (4 copies) with signature block area
  - All lot boundaries changed or removed by requested plat must be indicated by dashed lines.
  - Show existing street addresses on each lot.
  - Show and label all rights-of-way and easements.
  - Show existing structures on affected lots.
  - Show minimum lot area and lot dimensions.

**RECOMBINATION APPLICATION FEE**

\$100.00

**Note: It is the applicant’s responsibility to file the approved final plat with the Effingham County Register of Deeds. Once the final plat has been recorded a copy must be given to the Planning and Development Department at Rincon City Hall with the recorded Book and Page number.**

**PROCESS**



**Office Use Only:**

Application #: \_\_\_\_\_

Date Received: \_\_\_\_\_