



PLAT REVIEW APPLICATION: Preliminary Plat, Plat Revision, Final Plat, Exemption Plat

This page must be completed by the Applicant.

APPLICANT

Name _____

Company _____

Mailing Address _____

City, State _____

Zip Code _____

Primary Phone # _____

Alternate Phone # _____

E-mail _____

PROJECT SUMMARY

Name of the Project: _____

Project Street Address: _____

Total # of Properties: _____ Total Project Acreage _____ Total # of Buildings _____

Total Est. Cost of Planned Improvements: _____

Detailed Project Description (*Include Proposed Use(s) and Square Footage of Floor Area for each use*):

APPLICATION TYPE *(Check all that apply)*

Building Permit (Basic Zoning Review)

Other (Explain) _____

I hereby certify that all information provided herein and in the accompanying Application is true and correct.

_____ Date: ____ / ____ / ____

Applicant Signature

OFFICIAL USE: Fee: \$ _____ Cash Check # _____ CC - Visa/ MC Date: ____ / ____ / ____

I hereby certify that this application is complete and hence has been accepted and filed as of the following date of certification.

_____ Official Application Submittal Date: ____ / ____ / ____

Signature _ City Manager or _ his/her Designee (print name) _____

*If applicable, The Applicant has been notified that this application is to be heard at the next available **Mayor and City Council hearing** scheduled for:*

Date: ____ / ____ / ____ at Time: _____ PM / AM at the following location: _____.



Owner Permission Affidavit

Subject Property Street Address: _____

Subject Property Tax ID number: 18 - _____ - _____ - _____

Owner:

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

Phone: _____

Email: _____

Property Owner's Agent (If applicable)

Name (Person, Firm, Corporation, or Agency): _____

Mailing Address: _____

Phone: _____

Email: _____

I am applying for, or I hereby give authority to the applicant to file an applicant for: _____

Owner/Agent (if applicable) Signature: _____

Print name of signer(s)

This instrument was signed before me on this date _____

County _____ Georgia Notary Signature: _____

Affix seal/stamp as close to signature as possible