



**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: \_\_\_\_\_.

Property Information Form

**PROPERTY INFORMATION**

**Property # \_\_\_\_\_ of \_\_\_\_\_**

*The Applicant shall complete one page for each property included. Copy as needed.*

\_\_\_\_\_ Chamblee, GA \_\_\_\_\_  
Property Address/Location Suite/Apt. # Zip Code

\_\_\_\_\_  
Parcel ID / Property Tax Identification Number

\_\_\_\_\_  
Proposed Use(s) Proposed Zoning Character Area (Future Development Map)

\_\_\_\_\_  
Proposed Use(s) Proposed Zoning

Legal description includes:

\_\_\_\_\_  
Subdivision Name Lot # Block #

OR

Indicate here that an exhibit identifying property location is attached.

**PROPERTY OWNER**

\_\_\_\_\_  
Owner (Person, Firm, Corporation, or Agency)

\_\_\_\_\_  
Company

Owner Permission Affidavit attached to this form for this property.



## 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*