

404.371.2155 (o) 404.371.4556 (f) DeKalbCpuntyGa.gov

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Clark Harrison Building 330 W. Ponce de Leon Ave Decatur, GA 30030

Chief Executive Officer
Michael Thurmond

Director

Andrew A. Baker, AICP

Application for Certificate of Appropriateness

By Rachel Bragg at 10:47 am, Dec 15, 2021

RECEIVED

Date Received: Application	on No.:
Address of Subject Property: 2250 E. Lake Rd. NE A	tlanta, GA 30307
Applicant: Tim Riley	_{E-Mail:} tim@tngbuildingpermits.com
Applicant Mailing Address: P.O. Box 341262 Memp	his, TN 38184
Applicant Phone(s): _901-471-1043	Fax: 901-284-0099
Applicant's relationship to the owner: Owner D Architect: D	
_{Owner(s):} <u>Robin Roland</u>	F-Mail:
	E-Mail:
Owner(s) Mailing Address: 2250 E. Lake Rd. NE Atla	inta, GA 30307
Owner(s) Telephone Number: 504-301-7960	
Approximate age or date of construction of the primary structure project:	
Nature of work (check all that apply):	
	g a building □ Other building changes □ □ Other environmental changes □
Description of Work: Install four 6100 Series vinyl basement wind	ows on driveway side of house. Existing
windows are wood. Proposed windows will r	natch the size, shape, location, grid
pattern and color of the existing windows.	

This form must be completed in its entirety and be accompanied by supporting documents, such as plans, list of materials, color samples, photographs, etc. All documents should be in PDF format, except for photographs, which may be in JPEG format. Email the application and supporting material to plansustain@dekalbcountyga.gov An incomplete application will not be accepted.

Jim Kiley

12/2/2021

Signature of Applicant/Date

Revised 10/5/2020



Job # 11101258 Customer Name: M/M Robin Roland Customer Phone #: 5043017960



Basement - Basement Line Item: 1





Basement - Basement Line Item: 2 Basement - Basement Line Item: 3









Basement - Basement Line Item: 4







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Home Improvement Agreement: Page 1

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Home Depot Li	icense #'s - For the most curre	ent l	isting visit www.Homedepo	t.com/Licensel	Numbers
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dellat.				111012	,75.
Danikas Todd					
Salesperson Name			Registration # (Req. in CA	A,CT,ME,MD	,MI,NJ,DC)
	c.("Home Depot") or Author isted below at the price, terms				h, install and/or
Le Senvice Provider C	ontact Information				
The Home Depot			The Home Depot		
Service Provider Conta	act Name		Service Provider Company	Name	
	stomercancellationsouth@homec	le	GA: RBC0005730, RBQA0057	-	40,
	Vice Provider Email Address		Service Provider License #	(s)	
2: Customer Informa	tion				
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Customer Last Name	Customer First Name		Store # / Branch Name	Customer Le	······································
2250 E Lake Rd NE			Atlanta	GA	30307
Customer Address			City	State	Zip
	(504) 301-79	60	rolandrobin@yahoo.com	_	1
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460 Standard Form HIA (21 Jul. 21) (E)

Generated Date <u>09/01/2021</u> Lead/FO# <u>1-1W091V6Y</u> v 0.1.12

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