

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Andrew A. Baker, AICP

FINAL PLAT MAPPING FORM

Date: _____

The following form will provide required information to map your request accurately and efficiently.

<p>Name of Project (Include Phase or Revision #):</p> <p>Has this project been recorded within the Clerk of Superior Court? (Circle) YES or NO</p> <p>If yes, what's the Plat book and Page? _____ / _____</p> <p>If yes, do you have a georeferenced electronic file (tied to GA State Plane Coordinates) YES or NO (.dgn, .dwg, or .dxf?)</p>

What type of project? (Add a check mark)



Subdivision



Condominium



Apartment



Townhome

Briefly describe mapping request:

<p>Total Number of residential Lots/Units: _____</p> <p>Total Number of Common Areas: _____</p>	<p>1. Are Retail Suites Included? (Circle) YES or NO</p> <p>2. If yes, how many retail suites? _____</p> <p>3. Will the retail suites be sold individually in the future and need individual parcel IDs? (Circle) YES or NO</p>

<p>Total Number of Corner Lots: _____ NOTE: If you are able to confirm the main address of each corner lot, please list. Otherwise proceed to the next section of the form.</p> <p>Confirm the Primary Address of EACH Corner Lot: _____</p> <p>_____</p> <p>Confirm the Secondary Address of EACH Corner Lot: _____</p>
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<p>I hereby certify that I have examined and understand all information on this application and that the above statements and information supplied by me are true and correct to the best of my knowledge. All provisions of laws and ordinances governing work to be performed shall be complied with whether specified herein or not.</p>	
Applicant's Signature: _____	Date: _____
Applicant's Printed Name: _____	Phone Number: _____
Company Name: _____	Fax Number: _____
Email: _____	