

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><b>Name of Project</b> (Include Phase or Revision #):</p> <p><b>Has this project been recorded within the Clerk of Superior Court?</b> (Circle) <b>YES</b> or <b>NO</b></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) <b>YES</b> or <b>NO</b> (.dgn, .dwg, or .dxf?)</p>
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**What type of project?** (Add a check mark)



**Subdivision**



**Condominium**



**Apartment**



**Townhome**

**Briefly describe mapping request:**

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

<p><b>Total Number of Corner Lots:</b> _____ <b>NOTE:</b> 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><b>Confirm the Primary Address of EACH Corner Lot:</b> _____</p> <p>_____</p> <p><b>Confirm the Secondary Address of EACH Corner Lot:</b> _____</p>
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<p><b>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.</b> All provisions of laws and ordinances governing work to be performed shall be complied with whether specified herein or not.</p>	
<p>Applicant's Signature: _____</p> <p>Applicant's Printed Name: _____</p> <p>Company Name: _____</p> <p>Email: _____</p>	<p>Date: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>