



Index #: 09-52

Genero #: 09100085

Legistar #: 09-0896

DESIGN PLAN APPLICATION (DRB/HPC)

TYPE OF REQUEST:

Design Review Board

- ☐ Minor
☒ Major Initial
☐ Major Final

Historic Preservation Commission

- ☐ Minor
☐ Major Initial
☐ Major Final
☐ Certificate of Appropriateness

Present Zoning

Requested Zoning

Proposed Use

Total Acreage

RECEIVED

OCT 16 2009
City of Roswell
Community
Development
Dept

PROJECT

Name of Project

Property Address/Location

Suite/Apt. #

City

State

Zip Code

Land Lot

District

Section

Property ID

APPLICANT/OWNER

Applicant

Company

Mailing Address

Suite/Apt. #

City

State

Zip Code

Phone

Cell Phone

Fax Phone

E-mail

REPRESENTATIVE

Contact Name and Company (Owner's Agent or Attorney)

Contact Mailing Address

Suite/Apt. #

City

State

Zip Code

Phone

Cell Phone

Fax Phone

E-mail

I hereby certify that all information provided herein is true and correct

Applicant Signature: Property Owner or Owner's Representative

Date: 10 / 1 / 09

OFFICE USE

Fee: \$ _____ ☐ Cash ☐ Check # _____ ☐ CC - Visa/ MC

Date: _____ / _____ / _____

☐ Approved ☐ Denied By: _____

Date: _____ / _____ / _____



DESIGN PLAN APPLICATION (DRB/HPC)

PROJECT

Total Area of Lot	In Sq. Ft.	Acreage	<input type="checkbox"/> Major <input type="checkbox"/> Minor
Building Footprint	In Sq. Ft.	In %	
Landscape Coverage	In Sq. Ft.	In %	Application Date: ____ / ____ / ____
Parking Spaces:	# Required	# Planned	Orientation Date: ____ / ____ / ____
Height	Height		Board Meeting Date: ____ / ____ / ____

PROJECT MGR.

Contact Name and Company (Project Manager or Owner's Representative)

Contact Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____ Fax Phone _____ E-mail _____

ENGINEER

Contact Name and Company (Engineer)

Phone _____ Cell Phone _____ Fax Phone _____ E-mail _____

LANDSCAPE

Contact Name and Company (Landscape Architect)

Phone _____ Cell Phone _____ Fax Phone _____ E-mail _____

OTHER

Contact Name and Company (Other)

Phone _____ Cell Phone _____ Fax Phone _____ E-mail _____

REMARKS

Remarks:

NOTE: A Design Review meeting date before the DRB or the HPC will be scheduled upon a determination of *completeness* and *compliance* for an application. The applicant or representative must attend the meeting and make the presentation.

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Community
Development



Application Signature Page

Please complete this **Applicant Signature Page** for ALL applications. **READ CAREFULLY BEFORE SIGNING.**

- I understand that failure to supply all required information (per the relevant Applicant Checklists and requirements of the *Roswell Zoning Ordinance*) will result in REJECTION OF THE APPLICATION.
- I understand that preliminary approval of my design plan does not authorize final approval of my zoning or signage request. I agree to arrange sign permitting separately, after approval is obtained.
- I understand that representation associated with this application on behalf of the property owner, project coordinator, potential property owner, agent or such other representative shall be binding.
- I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My signed Campaign Disclosure Statement is included with this Application (required for rezoning only).
- I understand that due to a sewer allocation system controlled by Fulton County, sewerage capacity may not be available. I agree to arrange sewer service separately from this application. The method of sewage disposal that is planned for this property is:

Check one:

- ☐ Sanitary Sewer
☐ Septic Tank



I respectfully petition that this property be considered as described in this application

From Use District _____

To Use District: _____

Wherefore, applicant prays that the procedures incident to the presentation of this petition be taken, and the property be considered accordingly. Additionally, applicant further acknowledges and fully understands all above statements made by the City of Roswell.

APPLICANT SIGNATURE (REQUIRED FOR ALL APPLICATIONS)

I hereby certify that all information provided herein is true and correct

Owner of Property (Signature) _____

Date: 10 / 1 / 09

5600 ROSWELL RD SUITE 17-150 SANDT SPRINGS

Street Address, City, State, Zip

GA 30342

Phone _____

NOTARY

Personally appeared before me the above Owner named Garnett Boyd who on oath says that he/she is the Applicant for the foregoing, and that all the above statements are true to the best of his/her knowledge.

Notary Public (Signature) _____

Date: 10 / 06 / 09

Date: 10 / 20 / 09
Commission Expires

ATTORNEY/ AGENT (IF APPLICABLE)

Attorney/ Agent (Signature) _____

Date: ____ / ____ / ____

Street Address, City, State, Zip

Phone _____



Design Plan Orientation Meeting

This form must accompany any application submitted for Design Review Board, Historic Preservation Commission and Certificate of Appropriateness.

Project Discussed _____

Location Address _____

Current Zoning / Conditions _____

Design Districts/Guidelines _____

Conditions if Applicable _____

FAMILIARIZED THE APPLICANT WITH THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> Zoning of the property and conditions, if applicable | <input type="checkbox"/> Tree Ordinance requirements |
| <input type="checkbox"/> Property classification (HPC only) | <input type="checkbox"/> Archaeological Sites requirements |
| <input type="checkbox"/> Overlay District Guidelines | <input type="checkbox"/> Conceptual Storm Water Management Plan approved by City Engineer |
| <input type="checkbox"/> Historic District Design Guidelines | <input type="checkbox"/> Small Tract Status requirements (DRB only) |
| <input type="checkbox"/> Midtown Roswell Design District Guidelines | <input type="checkbox"/> Area calculations on site plan requirements |
| <input type="checkbox"/> Parkway Village District Guidelines | <input checked="" type="checkbox"/> Application & signature requirements |
| <input type="checkbox"/> Certificate of Appropriateness requirements (HPC only) | <input checked="" type="checkbox"/> Fee Schedule \$200 |
| <input type="checkbox"/> Use allowed | <input checked="" type="checkbox"/> Calendar of Submission Deadlines and Meeting Dates |
| <input type="checkbox"/> Minimum setbacks on the property | <input type="checkbox"/> Directed to the following departments for further information: Engineering, Landscape Architect, Building Inspector, Arborist, Transportation, Public Works, Fire |
| <input type="checkbox"/> Height limitations | <input type="checkbox"/> Advised of Land Disturbance Permit process |
| <input type="checkbox"/> Parking requirements | <input type="checkbox"/> Advised of Development Permit process |
| <input type="checkbox"/> Traffic Impact Study requirements | <input type="checkbox"/> Advised of Building Permit process |
| <input type="checkbox"/> Outdoor lighting requirements | |
| <input type="checkbox"/> Dumpster enclosure requirements | |
| <input type="checkbox"/> Buffer requirements | |
| <input type="checkbox"/> Stream buffer requirements | |
| <input type="checkbox"/> Landscaping requirements | |

NA = Not Applicable

R = Required

NR = Not Required

The below signature acknowledges that:

1. The required orientation meeting occurred on the date stated below;
2. The Zoning Ordinance has been made available for review and purchase;
3. Copies of discussed information have been provided as requested.
4. The repainting of existing building that includes exterior changes shall be considered a major design.

Applicant/Representative Attending (Signature) _____

Date: 9 / 30 / 09

Staff Attendee (Signature) _____

Date: 9 / 30 / 09

