



Manual 201303390

Index #: _____

Genero #: _____

Legistar #: _____

PLAT APPLICATION

TYPE OF REQUEST :

☒ Preliminary Subdivision Plat

☐ Subdivision Final Plat

☐ Division Plat

Present Zoning

C3

Proposed Use

RESIDENTIAL

Total Acreage

27.90

PROJECT

Name of Project

CENTENNIAL WALK

Property Address/Location

Suite/Apt. #

City

State

Zip Code

Land Lot

712; 713

District

1st

Section

Property ID

APPLICANT/OWNER

Applicant

JOHN WIELAND HOMES

(3621)

Company

Mailing Address

4125 ATLANTA RD. S.E. Suite/Apt. #

City

State

Zip Code

SMYRNA GA

30080

Phone

770.416.8468

Cell Phone

Fax Phone

E-mail

jason.garr@jwhomes.com

REPRESENTATIVE

DUANE HAGERMAN - CRASKINS

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

1266 POWDER SPRINGS RD.

Contact Mailing Address

770.424.7160

Suite/Apt. #

770.424.7593

City

State

Zip Code

E-mail

MAKETTA GA 30064

Phone

Cell Phone

Fax Phone

E-mail

dhagerman@gscsurvey.com

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

Applicant Signature: Property Owner or Owner's Representative

Date

11 / 4 / 13

OFFICE USE

Fee: \$

☐ Cash ☐ Check #

☐ CC - Visa/ MC

Date: / /