



Index #: 10-29 Genero #: 10070054 Legistar #: 10-0459

## 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 OCMS  
 Requested Zoning OCMS  
 Proposed Use MEDICAL OFFICE BUILDING  
 Total Acreage 46 AC

**PROJECT**

NORTH FULTON HOSPITAL MEDICAL OFFICE BUILDING  
 Name of Project  
HOSPITAL BLVD AND HEMBREE RD ROSWELL GA 30076  
 Property Address/Location City State Zip Code  
596 1ST 2ND 1223500596019  
 Land Lot District Section Property ID

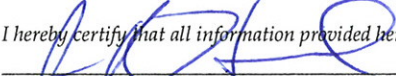
**APPLICANT/OWNER**

JASON HINKEL  
 Applicant  
BREMNER DUKE NORTH FULTON DEVELOPMENT, LLC  
 Company  
600 EAST 96TH STREET INDIANAPOLIS IN 46240  
 Mailing Address City State Zip Code  
 Phone N/A Cell Phone Fax Phone E-mail

**REPRESENTATIVE**

JASON HINKEL DUKE REALTY LIMITED PARTNERSHIP  
 Contact Name and Company (Owner's Agent or Attorney)  
3950 SHACKLEFORD RD 300 DULUTH GA 30096  
 Contact Mailing Address City State Zip Code  
770-717-3215 770-733-4295 770-717-2420 JASON.HINKEL@DUKEREALTY.COM  
 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: 6 / 29 / 10

OFFICE USE Fee: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  CC - Visa/ MC Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Approved  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



TYPE PROJECT APPLICANT REPRESENTATIVE





**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: <input checked="" type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Septic Tank
----------------------------------------------------------------------------------------------------------

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

From Use District \_\_\_\_\_ To Use District: \_\_\_\_\_  
ZONING DISTRICT WILL NOT CHANGE

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*

[Signature]  
 Owner of Property (Signature) Date: 6 / 29 / 10  
3950 SHACKLEFOLD RD #300 DULUTH, GA 30096 770-717-3215  
 Street Address, City, State, Zip Phone



**NOTARY**

Personally appeared before me the above Owner named JASON R. HINKEL 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.

[Signature] Date: 6/29/10  
 Notary Public (Signature) Date: 7/23/11  
 Commission Expires

**ATTORNEY / AGENT (IF APPLICABLE)**

\_\_\_\_\_  
 Attorney/Agent (Signature) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \_\_\_\_\_  
 Street Address, City, State, Zip Phone



DUPLICATE RECEIPT

CITY OF ROSWELL, GEORGIA

RECEIPT NUMBER: 95000001653

RECEIVED BY: KRISTIE  
TODAY'S DATE: 07/06/10  
TIME: 15:12

PAYOR: DUKE REALTY, LP  
REGISTER DATE: 07/06/10

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ZDRB	10070054	\$350.00
CHECK NO: 56-1544		-----
	TOTAL DUE:	\$350.00

CASH PAID	CHECK PAID	TENDERED	CHANGE
\$ .00	\$350.00	\$350.00	\$ .00