

Index #: DBBU-40

Genero #: 11090041

Legistar #: 11-0580

DESIGN PLAN APPLICATION (DRB/HPC)

	TYPE OF REQUEST:						
	Design Review Board Minor		Present Zoning	OCMS			
n) (1)	Major Initial Major Final		Requested Zoning	OCMS			
	Historic Preservation Comm	ission	Proposed Use	MEDICAL OFFICE BUILDING			
	☐ Major Initial ☐ Major Final		Total Acreage	46 ACRES			
5	PROJECT NORTH FULTON HOSPITAL, MEDILAL OFFILE BUILDING						
	Name of Project HOSPITAL BUIL Property Address/Location	O AND HEMBREE	Suite/Ant #	City State Zip Code 1223500596019			
12	596	151	2 KO Suite/ Apr. #	1223500596019			
	Land Lot	District	Section	Property ID			
	APPLICANT/OWNER JAMES ESHIEMAN						
/- -	Applicant DUKE REALTY Company 3039 REMIERÉ PARILWAY, SUITE 100, DVLVTH, 6A 30097 Mailing Address 770-717-2128 Phone Cell Phone Cell Phone Fax Phone Fax Phone Fax Phone E-mail REMITS. ESHLEMAN C. DW. Fax Phone Fax Phone						
a).	Mailing Address 770-717-2435	_	Suite/Apt. #	City State Zip Code JAMES. ESHLEMAN & DUKE			
₹	Phone	Cell Phone	Fax Phone	E-mail RETURN. COM			
11 11	REPRESENTATIVE JAMES ESHCEMAN DUKE REPORTY						
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Contact Name and Company (Owner's Agent or Attorney) DUKE REALTY 3039 PREMIENE PMIKWAY SUITE 100 DULUTIT, GA 30997						
	Contact Mailing Address 770-717-2435	_	770 - 717 - 212 P	City State Zip Code VAMES. ESHLEMANC DUKE			
71	Phone	Cell Phone	Fax Phone	E-mail REMTY. COM			
	hereby certify that all information provided herein is true and correct Applicant Signature: Property Owner or Owner's Representative			Date: _09 / 02 / 2011			
				Date: / /			



DESIGN PLAN APPLICATION (DR8/HPC)

7	a de la companya de l	IDION PLAN A	APPILIN.ATINA	(DRD/Ths.)			
		140104	3.4 Ac				
	Total Area of Lot	148,104 In Sq. Ft		🙇 Major 🛘 Minor			
	Building Footprint	In Sq. Ft. 19,166	Acreage 12,9%	iviajor di ivintor			
2	bunaing rootpinit	In Sq. Ft. 70, 659	^{In %} 47.8				
12	Landscape Coverage	In Sq. Ft.	In %	Application Date: / /			
	Parking Spaces:	In Sq. Ft.	<u> 189</u>	Orientation Date://			
		# Required 54 -0"	# Planned	: Page 23 Cathar Date /			
	Height	Height		Board Meeting Date://			
(3)			157a- +1				
	JAMES ESHIEMAN, DUNE NEARLY Contact Name and Company (Project Manager or Owner's Representative)						
	3039 PREMITIE PARKWAY, SVITE 100, OVUVITH, GA 30097						
	Contact Mailing Addres		City State	Zip Code			
浇	770-717-2435	Cell Phone	770-717-2128	JAMES, ESALEMAN C DVILE			
	Phone	Cell Phone	Fax Phone	E-mail PEALTY. COM			
		A-50 1 1-		And the same of th			
H	STEVE ROWE Contact Name and Com						
Z	770-641-1942	pany (Engineer)	770-998-6974	SIR & AFC ATL. COM			
	Phone	Cell Phone	Fax Phone	SLR & AEC ATL. COM E-mail			
111	presidenti i elektriken kontroletarin ilikali	en e	en en la grande de la deservación de la companya d	and the control of th			
	STEVE ROWE, AEC, INC.						
		pany (Landscape Archite					
7.4	770-641-1942 Phone	Cell Phone		SLR C AECATT. COM			
	Thone	Centhone	1 ax 1 Hone				
	ROBERTO PAR	LEDES, ASD-	ARCHITECT				
ii.	Contact Name and Com						
Land	404-688-3318	770.335.9172		RPAREDES C ASONET, COM			
9,	Phone	Cell Phone	Fax Phone	E-mail			
	Remarks:		Control of the Contro				
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				·			
	NOTE: A Design Review	v meeting date before the D	RB or the HPC will be sched	uled upon a determination of completeness			
				e meeting and make the presentation.			



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:

Authoritopenionalina keus

Check one:

💆 Sanitary Sewer

☐ Septic Tank

	method of sewage disposal that is planned for this property is: I respectfully petition that this property be considered as described in this applie	cation				
	From Use District ZONNE DISTRICT WILL NOT CHANGE TO Use District:					
	tion of this petition be cant further acknowledges					
	APPLICANT SIGNATURE (REQUIRED FOR ALL APPLICATIONS)					
	rereby certify that all information provided herein is true and correct					
		Date: 09/02/2011 770.717-2435				
	Street Address, City, State, Zip	Phone				
JANUARY 2013	Personally appeared before me the above Owner named Janus to all the oath says that he/she is the Applicant for the foregoing, and that all the worthe best of his/her knowledge. Date: 9/2/11					
Mannan Mannan		The second secon				
	ATTORNEY/AGENT (IF APPLICABLE)	Date: //				
	Attorney/Agent (Signature)	Date: /				
	Street Address, City, State, Zip	Phone				