

	Index #: 10-13 Genero	o#: 1004012\	Legistar #: 10-020 (
	DESIGN PLAN APPLICATION (DRB/HPC)				
	Type of Request:				
	Design Review Board Minor Major Initial	Present Zoning	HIGHWAY COMMERCIAL DISTACT, C-3		
YPE	☐ Major Final	Requested Zoning	SAME		
ΤY	Historic Preservation Commission Minor	Proposed Use	EDUCATIONAL		
	☐ Major Initial ☐ Major Final ☐ Certificate of Appropriateness	Total Acreage	8.83		
LJ	PROJECT THE ATLANTA ACADEMY - MODIFICATIONS				
ROJE	Name of Project 2000 Holcomb Woold PAP Property Address/Location 632.	LWAY 5 36,	Poswell, 64 300 76 City State Zip Code		
<u>a</u>	Land Lot District	Section	Property ID		
CANT	APPLICANT/OWNER THE ATCANTA ACADEMY Applicant OAVID EDWAP-05 Company				
PPLI	2000 HOLCOMB WOODS PAR Mailing Address	Suite/Apt. #	City State Zip Code		
A	Phone Cell Phone	Fax Phone	E-mail		
TATIVE	REPRESENTATIVE MICHAEL WILLIAMSON, COLS AP-CHITECTS Contact Name and Company (Owner's Agent or Attorney) 2500 CLMBER LAND PWAY, SUITE 350, ATLANTA, CA 3033 Contact Mailing Address 770.874.7375 404.550.2902 404.733.6804 MIKE W. C.				
SEN	Phone Cell Phone	Fax Phone	E-mail COUS APOHITECTS,		
REPRES	I hereby certify that all information provided herein is true and correct Lastrace Date: 4 / 9 / 10 Applicant Signature: Property Owner or Owner's Representative				
	OFFICE USE Fee: \$350 □ Cash ★Check #12	214 a CC - Visa/ MC	Date: / /		
	OFFICE USE Fee: \$ 350	- UCC - VISA/ INC	Date: / /		



	DESIGN PLAN APPLICATION (DRB/HPC)			
k. PROJECT	Total Area of Lot Building Footprint Building Footprint Landscape Coverage Parking Spaces: Height Parking Spaces: Parking Spaces: # Required Height Planned # Planned Board Meeting Date: 5 / 4 / 10			
PROJECT MGR.	Contact Name and Company (Project Manager or Owner's Representative) 2500 CUMBER LAWD P'WAY, SUITE 350, ATUANTA, GA 303; Contact Mailing Address City State Zip Code 770.874.7875 404.550.2902 404.733.6804 MIKE WE GOUSAN Phone Cell Phone Fax Phone E-mail COV			
ENGINEER	LOUIS D. YOUNG, COLUMBIA ENGINEER-ING Contact Name and Company (Engineer) 770.925.0357 720 335 4142 678 584 2385 Phone Cell Phone Fax Phone E-mail			
LANDSCAPE	TEP-ESA ELBRIDGE, T. J. SCHELL, LLC LANDSAPE ARCH'S Contact Name and Company (Landscape Architect) 770-377-8322 770.3G1.2319 770.578.9126 TJ_SCHELL & MSN. Comp Phone Cell Phone Fax Phone E-mail	•		
THER	Contact Name and Company (Other)			
O	Phone Cell Phone Fax Phone E-mail			
REMARKS	NOTE: A Design Review meeting date before the DRB or the HPC will be scheduled upon a determination of <i>completeness</i> and <i>compliance</i> for an application. The applicant or representative must attend the meeting and make the presentation.			



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).

Check one:

I understand that due to a sewer allocation system controlled by

Fulton County, sewerage capacity may not be available. I agree to Sanitary Sewer arrange sewer service separately from this application. The ☐ 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 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) Holodon L Woods -404-Street Address, City, State, Zip NOTARY Personally appeared before me the above Owner named <u>Nave Edward</u> 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. Date: 4/9/10 Date: 1/13/11 Notary Public (Signature) ATTORNEY / AGENT (IF APPLICABLE) Attorney/Agent (Signature) Street Address, City, State, Zip