



Index #: _____ Genero #: 10020042 Registrar #: _____

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 C-3

Requested Zoning C-3

Proposed Use Retail

Total Acreage 9.1306

PROJECT

ROSWELL TOWN CENTER

Name of Project BIG LOTS

Property Address/Location 610 Holcomb Bridge Road Suite/Apt. # Suite 300 City Roswell State GA Zip Code 30076

Land Lot 486 District 1st Section 2nd Property ID 12-2082-0486-012-0

APPLICANT/OWNER

MALON D MIMMS COMPANY, LLC

Applicant W. D. Welsh for MALON D. MIMMS COMPANY, LLC

Company MALON D. MIMMS. COMPANY, LLC

Mailing Address 85-A Mill Street Suite/Apt. # Suite 100 City ROSWELL State GA Zip Code 30075

Phone (770) 518-1100 Cell Phone (770) 560-5273 Fax Phone (770) 552-1100 E-mail dwelsh@mimms.org

REPRESENTATIVE

Contact Name and Company (Owner's Agent or Attorney) Doug Welsh / Malon D. Mimms Co, LLC

Contact Mailing Address 85-A Mill Street Suite/Apt. # Suite 100 City Roswell State GA Zip Code 30075

Phone (770) 518-1100 Cell Phone (770) 560-5273 Fax Phone (770) 552-1100 E-mail dwelsh@mimms.org

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

Thomas B. Mimms or authorized agent
 Applicant Signature: Property Owner or Owner's Representative Date: Feb / 02 / 2010

OFFICE USE Fee: \$ _____ Cash Check # _____ CC - Visa/ MC Date: _____ / _____ / _____

Approved Denied By: _____ Date: _____ / _____ / _____

REPRESENTATIVE APPLICANT PROJECT TYPE

RECEIVED
 FEB -2 2010
 City of Roswell
 Community
 Development
 Dept.

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 REMAIN THE SAME To Use District: TO REMAIN THE SAME

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

Thomas B. Minms Jr. *an authorized agent*
 Owner of Property (Signature)
85-A Hill St. Suite 100 Roswell ga 30075 Date: 2 / 2 / 10
 Street Address, City, State, Zip Phone 770 518 1100

NOTARY

Personally appeared before me the above Owner named Thomas B. Minms Jr. 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.

Julie C. McKendrick Date: 2 / 2 / 10 Date: 11 / 4 / 2013
 Notary Public (Signature) Commission Expires

ATTORNEY/ AGENT (IF APPLICABLE)

Attorney/Agent (Signature) _____ Date: ____ / ____ / ____
 Street Address, City, State, Zip _____ Phone _____

JULIE C. MCKENDRICK
 NOTARY PUBLIC
 FULTON COUNTY
 STATE OF GEORGIA Date: ____ / ____ / ____
 My Commission Expires 11-4-13



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 checked="" type="checkbox"/> Midtown Roswell Design District Guidelines | <input type="checkbox"/> Area calculations on site plan requirements |
| <input type="checkbox"/> Parkway Village District Guidelines | <input type="checkbox"/> Application & signature requirements |
| <input type="checkbox"/> Certificate of Appropriateness requirements (HPC only) | <input checked="" type="checkbox"/> Fee Schedule |
| <input type="checkbox"/> Use allowed | <input 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 checked="" 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.

[Handwritten Signature]

Date: 2 / 1 / 2010

Applicant/ Representative Attending (Signature)

[Handwritten Signature]

Date: 02 / 01 / 2010

Staff Attendee (Signature)

