



# CITY of CLARKSTON SUBDIVISION (Sketch Plat & Final Plat) APPLICATION

Form #  
200-SUB

This page must be completed by the Applicant. Please see Applicant Instructions for full requirements of items required on Sketch Plat and Final Plat documents.

## SUBMITTAL CHECKLIST

Your application must include the following items, or it will not be considered complete:

- Sketch Plat (Per Checklist)
- Written Legal Description of Property
- Property Deed(s)
- Recorded Plat of Property (seven (7) copies)
- Campaign Contribution Disclosure Form
- Filing Fee (payable to The City of Clarkston)

### FOR OFFICE USE/DETERMINATION

Review determination and fee: Review fee (payable to *The City of Clarkston*) depends on type of review(s). (See Fee Schedule):

\_\_\_\_\_ Subdivision/Final Platting    (Fee) \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name		Company	
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Alternate Phone #	Fax #	
Email Address			

## PROJECT SUMMARY

Name of Project \_\_\_\_\_

Detailed Project Description (Include proposed use(s) and square footage of floor area for each use):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Parcels Involved: \_\_\_\_\_ Total Project Acreage: \_\_\_\_\_  
\_\_\_\_\_ Total Estimated Cost of Planned Improvements: \_\_\_\_\_

- Development of Regional Impact (see table for thresholds that trigger DRI review)
- Project Submittal Checklist and all documents, plans, written analysis, and fees required therein accompany this application form.

**Pre-Application Date:** \_\_\_\_\_

**City Plnr/Engr Project**  
# \_\_\_\_\_

Rev. 05/01/12

**Case #** \_\_\_\_\_

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**CITY of CLARKSTON**  
**SUBDIVISION**  
**(Sketch Plat & Final Plat)**  
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I hereby certify that all information provided herein and in the accompanying documents is true and correct.

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Applicant Signature

Property Owner

Owner's Agent

Date



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**PROPERTY INFORMATION/OWNER AUTHORIZATION**

If more than one parcel is the subject of review, owner-applicant shall complete information for each parcel on additional page attachments; authorized agent-applicants must complete this page for EACH parcel.

PROPERTY # \_\_\_\_\_ OF \_\_\_\_\_ TOTAL

**PARCEL (PROPERTY) INFORMATION**

Property Address/Location	Suite/Apt. #	City, State	Zip Code
Parcel ID/Property Tax Identification Number		Total Acreage	
Present Use(s)		Present Zoning (Official Zoning Map)	
Proposed Use(s)			

**PROPERTY OWNER**

Owner (Person, Firm, Corporation, or Agency)		Company Name	
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Alternate Phone #	Fax #	
Email Address			

**PROPERTY OWNER'S AGENT** (If applicable; must match applicant contact information on page #1)

Name and Company (Owner's Agent or Attorney)			
Mailing Address	Suite/Apt. #	City, State	Zip Code
Primary Phone #	Alternate Phone #	Fax #	
Email Address			

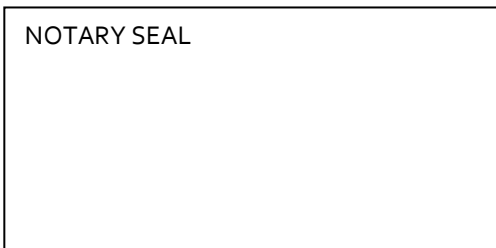
**AUTHORIZATION FOR AGENT** (If applicable)

Owner Signature	Date
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Print Name

Subscribed and sworn before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public in the State of Georgia





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**FINAL PLAT TRACKING:**

**Date Final Plat Submitted:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**Transportation Reviews Required (as applicable):**

\_\_\_\_\_ City Engineer  
 \_\_\_\_\_ Transportation Division of DeKalb County Public Works  
 \_\_\_\_\_ Georgia Department of Transportation

**Approved/Stamped By:**

Department	Date	Staff Initials
Planning and Zoning Department		
Water and Sewer		
Roads and Drainage		
Transportation		
Sanitation		
Police Department		
Parks and Recreation		
Geographic Information Systems		
Economic Development Department		
DeKalb County Board of Education		
City Engineer		
City Planner		

**City Manager Approval:**

\_\_\_\_\_

Signature

Date