



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.



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I hereby certify that all information provided herein and in the accompanying documents is true and correct.

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