

## PLAT APPLICATION

	☐ Single-Family Reside ☐ Multi-Family Town ☐ Multi-Family Condo ☐ Minor Plat (3 or les ☐ Preliminary Plat	rnhome(Final) pminium(Final)	Initial Plat Applica Revision to Existing Other (please descr	g Plat	☐ Change of A	ddress from	
CT	Name of Project or Subdivision (Note name of Former Subdivision, if any)  Phase #						
PROJECT	Location Description			L	and Lot	District	
PF	Number of Lots or Units Area (acres)				Zoning		
NT	Developer Name  Company						
APPLICANT	Mailing Address		Suite/Apt.#	City	State	Zip Code	
	Business License	Phone	Cell Phone		E-mail		
CONTACT	Contact Name (24-hour Contact: Owner's Agent / Project Manager / Project Engineer)  Company						
CON	Contact Mailing Addre	288	City	State	e Zip Code		
	Phone	Cell Phone	Fax Phone		E-mail		
	I hereby certify that all information provided herein is true and correct.						
	Applicant PRINTED name						
	Applicant SIGNATURE: Property owner or owner's representative						

Please submit completed forms and request inspections at <a href="https://build.sandyspringsga.gov/">https://build.sandyspringsga.gov/</a>.