

(770) 725 – 7386

P.O. Box 206

(770) 725-5988 Fax			Bogart, GA 30622	
Subdivision Application			Date:	
Subdivision Name:				
Subdivision Section:				
Subdivision Location:			W.	
Type of Application				
Sketch PlatPre	liminary Plat	_Final Plat	Ame	nded
Subdivision Information:			Subdivi	sion Classification:
Current Zoning			Si	ngle Family
Proposed Zoning			Dı	plex/Multi-Family
Total Acres			Pr	ofessional/Office
Total # of Lots			Ot	her
Owner/Applicant Name:				
(Street address	City,		State	Zip)
Phone:				
Fax:	30,000			
<b>Professional Representative</b>				
Name:				
(Street address	City,	<del></del>	State	Zip)
Phone:				
Fax:				
For Office Use Only:			Approval Date:	
Tax Map Parcel No.		Fe	es:	A Company of the Comp