



310 Technology Parkway
Peachtree Corners, GA 30092
Tel: 678.691.1200 | www.peachtreecornersga.gov

<i>Staff Use:</i>
Date: ____ / ____ / ____
Permit No.: _____
Fee: \$ _____

Final Plat/Exemption Plat REVISION Application

Date: _____
 Project/Subdivision Name: _____
 Project Address: _____
 Zoning & Case #: _____
 Building SF/#Lots or Units: _____
 Description/Purpose of Revision: _____

Total Site Acreage: _____
 Proposed Disturbed Acreage: _____
 Existing Impervious Acreage: _____
 Proposed Impervious Acreage: _____

Check all the following that apply:

- | | |
|-------------|----------------|
| Residential | Commercial |
| Final Plat | Exemption Plat |

Plat Submittal Type	Revision Fee	Fee Paid
Plat Revision	\$250	

Applicant Information: Check if recipient would like a copy of all comments sent

Name: _____
 Email: _____ Phone: _____
 Company: _____
 Address: _____

Surveyor Information: Check if recipient would like a copy of all comments sent

Name: _____
 Email: _____ Phone: _____
 Company: _____
 Address: _____

Owner Information: Check if recipient would like a copy of all comments sent

Name: _____
 Email: _____ Phone: _____
 Address: _____

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

Property Owner/Owner's Representative Signature: _____ Date: _____