



CITY OF FOREST PARK

Urban Design Review Board
785 Forest Parkway
Forest Park, Georgia 30297
(404) 366-4720
www.forestparkga.gov

Application# _____

Date Accepted _____

APPLICATION FOR URBAN DESIGN REVIEW

Applicant's Address _____

City _____ State _____ Zip _____

Phone# _____ Fax # _____ E-Mail _____

DESCRIPTION OF PROPERTY:

Property Address _____

Zoning Category _____

In Forest Park Main Street Overlay District? _____ Yes _____ No

DESCRIPTION OF PROJECT:

Describe clearly and in detail ALL construction, alterations, repairs or other changes to the exterior appearance or site plan proposed for the property.

The following three elements are required as part of the application process:

Site Analysis. A site analysis, with appropriate topographic data, including information on significant manmade and natural features and features to be retained, moved or altered.

Site Plan. A site plan at an appropriate engineering scale with adequate resolution for verification of measurements shall be used and shall include information on proposed improvements including internal circulation and parking, building footprint, landscaping, grading, lighting, fencing, stormwater management, and amenities.

Architectural Design. The architectural design element shall include scaled elevation drawings of proposed structures and information on building materials, fenestration, colors, and items affecting exterior appearance, such as signs, air conditioning, grills, compressors and similar equipment and features. Elevation drawings of each exterior façade must be provided at the time of application. Information regarding sustainable design should be submitted at this time also.

Authorization by Property Owner

(Required only if the applicant is not the owner of the property subject to the proposed application.)

I, _____ (Owner's Name) swear and affirm that I am the owner of the property located at _____ (Property Address).

As shown in the records of Clayton County, Georgia, which is the subject matter of the attached application. I authorize the person named below to file this application as my agent.

NAME OF APPLICANT:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____

Signature of owner

Print name of owner

Personally appeared before me the above names, who swears that the information contained in this authorization is true and correct the best knowledge and belief.

Notary Public

Date