

DEPARTMENT OF PLANNING & SUSTAINABILITY

MAJOR MODIFICATION APPLICATION

Existing Conditional Zoning No.: SLUP 12-18066

APPLICANT NAME: COMMISSIONER KATHIE GANNON

Daytime Phone#: 371 6353 Fax #: _____ E-mail: kgannon@dekalbcountyga.gov

Mailing Address: 1300 COMMERCE ST DECATUR, GA 30030

OWNER NAME: MAXIE PRICE (If more than one owner, attach contact information for each owner)

Daytime Phone#: 404 601 7616 Fax #: _____ E-mail: _____

Mailing Address: 1261 HAMMOND DR BOGART GA, 30622

SUBJECT PROPERTY ADDRESS OR LOCATION: 4007 FLAT SHOALS PARKWAY
and 4025 FLAT SHOALS PARKWAY, DeKalb County, GA, _____

District(s): 15 Land Lot(s): 090 Block(s): 01 Parcel(s): 004, 008

Acreage or Square Feet: 4.7 AC Commission District(s): 346 Existing Zoning: C-1

I hereby authorize the staff of the Planning and Development Department to inspect the property that is the subject of this application.

Have you, the applicant, made a campaign contribution of \$250.00 or more to a DeKalb County government official within the two year period that precedes the date on which you are filing this application?
 Yes No If "yes", see page 4. (Conflict of Interest in Zoning Act, O.C.G.A., Chapter 36-67A)

Owner: _____ Agent: _____
(Check One)

Signature of Applicant: Kathie Gannon

Printed Name of Applicant: KATHIE GANNON Major Modification Application