

NO. _____

**CITY OF OAKWOOD
District Design Review Committee
Certificate of Endorsement**

MAILING ADDRESS
P.O. BOX 99
OAKWOOD, GA 30566

PHONE: (770) 534-2365 FAX: (770) 297-3223

STREET ADDRESS
4035 WALNUT CIRLE
OAKWOOD, GA 30566

PROJECT NAME: _____

PROJECT ADDRESS: _____ TAX PARCEL NO.: _____ ZONING: _____

PROJECT USE TYPE: () COMMERCIAL () MULTIFAMILY () S/D () GOV'T/INSTITUTION

PROJECT TYPE: () NEW () DEVELOPED SITE () EXSTING STRUCTURE

PROJECT ACRES: _____ PROPOSED DATE OF CONSTRUCTION: _____

APPLICANT: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ ST/ZIP: _____

GENERAL REQUIREMENTS:

- Applicant is responsible for submitting all applicable plans, reports, and/or drawings.
- Applicant is responsible for obtaining all required development related permits.

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK WILL MEET ALL CODES AND ORDINANCES OF THE CITY OF OAKWOOD.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

OVERLAY DISTRICT: _____ SUB-DISTRICT: _____

APPLICATION DATE: _____ DDRC DATE: _____

() APPROVED

() APPROVED WITH CONDITIONS

() DISAPPROVED

DDRC CHAIRMAN (OR DESIGNEE)

DATE

CONDITIONS:

