



**APPLICATION FOR LAND SUBDIVISION
CITY OF ATLANTA, GEORGIA – OFFICE OF PLANNING**

Applications are accepted Mondays 8:30 am-1:00 pm and Tues/Wed/Thurs 8:30 am-2:00 pm

DATE RECEIVED _____

DATE FILED 11-21-17

APPLICATION NUMBER: SD- 17-031

NAME OF APPLICANT Dianne Barfield

PHONE NUMBER: N/A

NAME OF COMPANY BARFIELD CONSULT

CELL NUMBER: 404 606 0403

FAX NUMBER: N/A

E-MAIL ADDRESS barfieldconsult@aol.com

STREET ADDRESS P.O. Box 475

CITY Morrow

STATE GA

ZIP CODE 30260

IF MORE THAN ONE OWNER, LIST ADDITIONAL OWNERS ON A SEPARATE SHEET

NAME OF OWNER PALAZZO ROSA, LLC.

STREET ADDRESS 1990 DEFOOR AVE.

CITY ATLANTA

STATE GA

ZIP CODE 30318

DESCRIPTION OF PROPERTY

ADDRESS OF PROPERTY 541 WEST PACES FERRY ROAD

The subject property fronts 755.45 feet on the NORTH side of

WEST PACES FERRY RD., beginning ZERO feet from the NW

corner of TUXEDO ROAD

Area- 3.441 ACRES No. of Lots to be Created 3

Land Lot 141 District 17 Zoning R-2

Council District 8 Neighborhood Planning Unit (s) A

I HEREBY REQUEST approval of the subdivision of the subject property according to the plans, which are submitted as a part of the application.

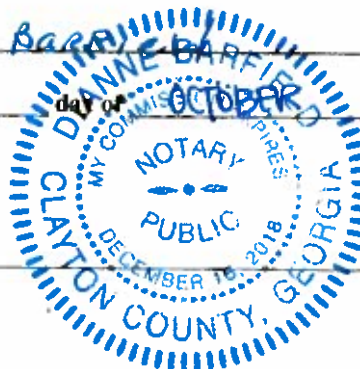
I HEREBY AUTHORIZE the staff of the City of Atlanta to inspect the premise of the above described property.

I HEREBY SWEAR AND AFFIRM that all statements contained herein and attached hereto are true and correct to the best of my knowledge and belief.

Owner or Agent for Owner (Applicant) Dianne Barfield

Sworn to and subscribed before me this 11 day of OCTOBER, 20 17

[Signature]
Notary Public



RECEIVED
NOV 21 2017

OFFICE
OF
PLANNING

SD-17-031

AFFIDAVIT

AUTHORIZATION BY PROPERTY OWNER APPLICATION FOR LAND SUBDIVISION CITY OF ATLANTA, GEORGIA

I swear that I am the owner of 541 WEST PACES FERRY RD.
State addresses or parcel ID numbers of all properties involved with this request
_____, which is the subject of the
attached application for land subdivision, and is (are) shown in the records of
FULTON County, Georgia.

I authorize the person named below to act as my agent in the pursuit of this application for
the subdivision of the subject property.

NAME OF APPLICANT Dianne Barfield

ADDRESS OF APPLICANT P.O. Box 475

APPLICANT'S TELEPHONE NUMBER 404 606 0403

APPLICANT'S EMAIL ADDRESS barfieldconsult@aol.com

NAME OF OWNER PALAZZO RDSA, LLC

SIGNATURE OF OWNER [Handwritten Signature]

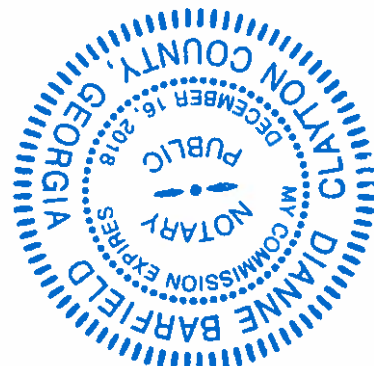
RECEIVED
NOV 21 2017
OFFICE
OF
PLANNING

NOTARIAL STATEMENT FOR PROPERTY OWNER

Sworn to and subscribed before me this 11 day of

OCTOBER, 20 17

Diane Barfield
Notary Public



RECEI

CITY OF ATL BLDG PERMI
55 TRINITY AVE STE 1350
ATLANTA, GA 30303

CITY OF
DEPART
55 TRIN
404-330

11/21/2017

13:36:31

TY DEVELOPMENT

CREDIT CARD
DISCVR SALE

PAID
CITY OF ATLANTA

NOV 21 2017

EX OFFICIO MUNICIPAL
REVENUE COLLECTOR

Card # XXXXXXXXXXXXX9940
SEQ #: 14
Batch #: 151
INVOICE 14
Approval Code 02158R
Entry Method: Swiped
Mode: Online

ubdivision/Lot Split/NA
PACES FERRY RD NW, ATLANTA, GA 30305
ZURAB

Receipt No

Payment No

Credit C.

SALE AMOUNT

\$250.00

Payment Date

Cashier ID

Received

Comments

11/21/2017

PAMITCHELL

Owner Info

CUSTOMER COPY

Work Description:

The splitting of 1 residential lot into 3 residential lots



17-158

PD-H

R-3

17-157

R-3C

17-142

17-141

R-2

17-115

R-3

17-114

17-9

R-4

PI

