

Date: 1/9/24

CITY OF LOGANVILLE Department of Planning & Development P.O. Box 39 4303 Lawrenceville Road Loganville, GA 30052 770.466.2633

Application # A 24 127

REQUEST FOR ANNEXATION

A PETITION TO ANNEX PROPERTY INTO THE CITY OF LOGANVILLE, GEORGIA

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: Uprise Development, LLC ADDRESS: P.O. BOV 2148 CITY: Loganville STATE: GA Zip: 30052 PHONE: (170)318-5329	NAME: CH Brooks Benny Stephenson, Trust ADDRESS: 55 Papas Talk CITY: Social circle STATE: Q4 Zip: 30025 PHONE: (613) 640-3620 (*attach additional pages if necessary to list all owners)
Applicant is: Property Owner Contract Purch	aser Agent Attorney
CONTACT PERSON: Mark Streifert EMAIL: mark@buildrescom.com	PHONE: (110) 318-5329 FAX:
PROPERT	Y INFORMATION
You must attach: Application Fee Legal Description Names/Addresses of Abutting Property Ov	Plat of Property Letter of Intent where Shape tile of property (GIS File)
Pre-Application Conference Date: 315124 Accepted by Planning & Development: Grah Bleecherk # Breceipt # Taken By: 35 Date of L	DATE: 719/24 FEE PAID: \$300.00 REGAL NOTICE: NEWSPAPER: THE WALTON TRIBUNE
PLANNING COMMISSION RECOMMENDATION: Ap	pprove Approve w/conditions Deny No Recommendation DATE:
	w/conditions Denied Tabled to
Mayor City Cle	rk Date

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Applicant's Certification

The undersigned hereby certifies that they are authorized by the property owner(s) to make this application and that all information contained herein is complete and accurate, to the best of their knowledge.

my Malk	7-3-24
Applicant's Signature //	Date '
Mark Streifert, Manager Print Name and Title	
Sworn to and subscribed before me this day of	, 20
(Seal)	Signature of Notary Public
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Property Owner's Complete a separate form	
The undersigned hereby certifies that they are: (check all the	nat apply)
a) the owner of record of property contained	in this application, and/or
b) the Chief Executive of a corporation or other property and is duly authorized to make this application.	her business entity with ownership interest in the ation, and
that all information contained in this application is complet	te and accurate to the best of their knowledge.
Owner's Signature	Date
Benny Stephenson, Trustee	
Print Name and Title	
Sworn to and subscribed before me this day of	, 20
(Seal)	Signature of Notary Public

Application	#	R	
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mil Alula	7-2-24
Applicant's Signature	Date
Mark Streifert, Manager	
Print Name and Title	
Sworn to and subsoribed before the this day of PUBLIC OF THE PUBLIC OF T	Jucy , 20 27. January Public
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that all information contained in this application is comp	lete and accurate to the best of their knowledge.
Owner's Signature	
Owner's Signature	Date
Benny Stephenson, Trustee Print Name and Title	
rint Name and Title	
Sworn to and subscribed beloft methis day of NOTARY (Scal)	Que to
THE COUNTY OF THE PROPERTY OF	Signature of Notary Public

