

APPLICATION FOR REZONING TO THE CITY OF SMYRNA

Type or Print Clearly

(To be completed by City)

Ward: _____

Application No: _____

Hearing Date: _____

APPLICANT: _____

Name: BRAD THOMPSON
(Representative's name, printed)

Address: PO BOX 680813 MARIETTA, GA 30068

Business Phone: 770.527.8500 Cell Phone: _____ Fax Number: _____

E-Mail Address: BMT8500@GMAIL.COM

Signature of Representative: 

TITLEHOLDER

Name: EQUITY TRUST COMPANY for BRADLEY THOMPSON 104
(Titleholder's name, printed)

Address: 1577 ROSWELL STREET, SMYRNA, GA. 30080

Business Phone: 770-527-8500 Cell Phone: _____ Home Phone: _____

E-mail Address: SAME

Signature of Titleholder: 
(Attach additional signatures, if needed)

(To be completed by City)

Received: _____

Heard by P&Z Board: _____

P&Z Recommendation: _____

Advertised: _____

Posted: _____

Approved/Denied: _____