



Planning and Development
 4303 Lawrenceville Road
 Loganville, GA 30052
 Tel: 770-466-2633

PROJECT PLAN REVIEW SUBMITTAL FORM - BUILDING

PROJECT INFORMATION	
Project Name:	Suite #
Submittal Date:	Submitted By:
Project Address:	Parcel(s):

Project Type <input checked="" type="checkbox"/>	Commercial	Residential Multi Family	Industrial
Zoning:	Rezoning/Special Use Case Number:		

Density:	Minimum Dwelling Size	One Story	Two Story
Buffer(s) Required? <input checked="" type="checkbox"/>	Yes	Minimum	No
Building/Suite Square Footage:	Estimated Cost of Construction: \$		

CONTACT INFORMATION	
Property Owner:	Contact Person:
Address:	
City:	State: Zip Code:
Phone Number:	Email:
Designer:	Contact Person:
Address:	
City:	State: Zip Code:
Phone Number:	Email:

OFFICE USE ONLY

PLANEN: _____
 PLANAD: _____
 FIREIN: _____
TOTAL: _____

RECEIPT #: _____
 TAKEN BY: _____
 DATE PAID: _____