



Planning and Development
 4385 Pecan Street
 P.O. Box 39
 Loganville, GA 30052
 Tel: 770-466-2633
 Fax: 770-554-5556

PROJECT SUBMITTAL FORM

DEVELOPMENT REVIEW		
Project/Subdivision Name		Unit/Phase
Previously Submitted as		Project No.
Location		
District	Land Lot(s)	Parcel(s)

Case Type <input checked="" type="checkbox"/>	Concept	Preliminary	Final
Project Type <input checked="" type="checkbox"/>	Residential	Commercial	Industrial
Zoning	Rezoning/Special Use Permit Number		

Acreage	Sanitary Service <input checked="" type="checkbox"/>	Sewer	Septic
Required Sewer Capacity			
Number of Lots	Density	Minimum Lot Size	
Minimum Dwelling Size	One Story	Two Story	
Watershed?	Alcovy River	Brushy Fork Creek	
Buffer(s) Required? <input checked="" type="checkbox"/>	Yes	Type	No
Detention Provided? <input checked="" type="checkbox"/>	Yes	Number of Ponds	No
Lake(s) Proposed? <input checked="" type="checkbox"/>	Yes	No	

Developer		Contact Person	
Address			
City	State	Zip Code	
Phone Number	Email	Fax	
Designer		Contact Person	
Address			
City	State	Zip Code	
Phone Number	Email	Fax	
OFFICIAL USE ONLY			
Submittal Date	Approval Date	By	