Planning and Development
4303 Lawrenceville Road
Loganville, GA 30052
Tel: 770-466-2633
Email: planning@loganville-ga.gov

PROJECT PLAN REVIEW SUBMITTAL FORM - DEVELOPMENT

PROJECT INFORMATION		
Project/Subdivision Name:		Unit/Phase:
Submittal Date:	Submitted By:	
Address:		
District:	Land Lot(s):	Parcel(s):

Plan Type ✓	Concept	Preliminary	Final
Project Type ✓	Residential	Commercial	Industrial
Zoning:	Rezoning/Special Use Case Number:		

Acreage:	Sanitary Service ✓	Sewer	Septic
Required Sewer Capacity:			
Number of Lots:		Minimum Lot Size:	
Watershed			
Buffer(s) Required? ✓	Yes	Type	No
Detention Provided? ✓	Yes	Number of Ponds	No
Lake(s) Proposed? ✓	Yes	No	

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:_____ RECEIPT #:_____
PLANAD:_____ TAKEN BY:_____
FIREIN: _____ DATE PAID:_____
TOTAL:_____