

**Department of Planning and Development**

446 West Crogan Street • Lawrenceville, GA 30046-2440  
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**gwinnettcountry**

**DIRECTOR REVIEW PLAN SUBMITTAL APPLICATION**

Project Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning/Special Use/Variance/Waiver Case Number(s): \_\_\_\_\_

Condition Number(s) for Review: \_\_\_\_\_

**Indicate below the authorization(s) required:**

- Landscape Plan Approval
- Monument Sign Approval
- Fence Detail Approval
- Architectural Elevations Approval
- Buffer Plan Approval
- Tree Preservation/Tree Replacement Plan Approval for a redeveloped site (UDO Section 630-90)
- Other: \_\_\_\_\_

**Checklist of plan submittal items** *(only complete applications will be accepted):*

- Four hard copies of the plan(s).
- One hard copy of rezoning /special use permit/variance/waiver case (if applicable).

**DEPARTMENT AUTHORIZATION USE ONLY**

[ ] Approved

[ ] Approved with conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

[ ] Denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DIRECTOR SIGNATURE**

\_\_\_\_\_  
**DATE**