

Submitted Date: \_\_\_\_\_  
 Data Entry Date: \_\_\_\_\_  
 DRCC Date: \_\_\_\_\_  
 (Staff Use Only)

**GWINNETT COUNTY**  
**Department of Planning & Development**  
 One Justice Square  
 446 West Crogan Street  
 Lawrenceville, Georgia 30046  
 Phone: 678.518.6000 Fax: 678.518.6240  
 www.gwinnettcountry.com

BLD No.: \_\_\_\_\_  
 CDP/MDP No.: \_\_\_\_\_  
 PRJ No.: \_\_\_\_\_  
 (Staff Use Only)

**Building Construction (BLD) Plan Review Application**  
**Non-Residential & Multifamily Construction Projects**  
 (May 2004)

*Please type or print legibly using blue or black ink. Incomplete applications cannot be accepted.*

**Project Information**

**Project Name:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Phase:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**District/Land Lot/Parcel:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_

**Rezoning/SUP Case No(s):** \_\_\_\_\_

**Sanitary Service (✓ One Box):**  Sewer  Septic

**Project Description:** \_\_\_\_\_  
 (Apartment, Church, Hotel, Office, Restaurant, Retail, School, Warehouse, etc.)

**Project Scope (✓ Applicable Boxes):**

New Building(s)  Addition to Existing Building(s)  Renovation of Existing Building(s) (no floor area change)

**Building Information**

*Please provide complete building information in the following table (note: submit additional application form(s) for projects with more than ten (10) buildings).*

List Each Building or Addition	New Building or Building Addition Total Floor Area	Existing Building Total Floor Area ("N/A" for New Buildings)	No. of Stories for Each Building or Addition
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Developer Information**

**Developer (Company) Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Developer Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Developer Printed Name:** \_\_\_\_\_

**Property Owner Information**

**√ Only One:**  *Current Property Owner*  *Proposed Property Owner*

**Property Owner (Company) Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Application Completeness Checklist for Building Plan Review**

*Please √ each item below to determine completeness of the application for plan review:*

- 6 Sets of Building Construction Plans including:
  - Architectural Drawings
  - Structural Drawings
  - Mechanical Drawings
  - Electrical Drawings
  - Plumbing Drawings
- 1 copy of Structural Engineering Calculations (*required for each building with more than two (2) stories*)
- 1 copy of Resolution approving Rezoning or Special Use Permit (SUP) (*if applicable*)

**Designer Information**

**Designer (Company) Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Designer Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Designer Printed Name:** \_\_\_\_\_

\*\*\* **Please √ who to contact upon completion of plan review:** (**√ One Box:**)  *Developer* or  *Designer* \*\*\*