

Submitted Date: _____
 DRCC Date: _____
 Data Entry Date: _____
 (Staff Use Only)

GWINNETT COUNTY
Department of Planning & Development
 One Justice Square
 446 West Crogan Street, Suite 150
 Lawrenceville, Georgia 30046
 Phone: 678.518.6000 Fax: 678.518.6240
 www.gwinnettcounty.com

CDP No. _____
 MDP No.: _____
 CPL No.: _____
 (Staff Use Only)

√ **Only One:**

- Non-Residential (CDP) or Multifamily (MDP) Site Development Plan Review Application**
 Non-Residential or Multifamily Site Concept (CPL) Plan Review Application
 Non-Residential (CDP) Sewer, Water, Pump House, Force Main Plan Review Application

(April 2015)

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

<u>Project Information</u>			
Project Name: _____			
Address or Location: _____			
Project Description: _____ _____			
District/Land Lot/Parcel: _____		Total Site Acres: _____ Total Disturbed Acres: _____	
Zoning: _____ Zoning/SUP Case No(s): _____			
<u>Parking Space Information:</u>			
No. Existing Spaces: _____ No. New Spaces: _____ Total No. Spaces: _____ Pavement Surface: _____			
<u>Sanitary Service</u> (√ One):			
<input type="checkbox"/> Sewer <input type="checkbox"/> Septic			
<u>Watershed Information</u> (√ One):			
<input type="checkbox"/> Alcovy River <input type="checkbox"/> Big Haynes Creek <input type="checkbox"/> Chattahoochee River <input type="checkbox"/> N/A			
<u>Building Information</u> (√ All Applicable Boxes):			
<input type="checkbox"/> New Building(s) <input type="checkbox"/> Building Addition <input type="checkbox"/> Existing Building(s) <input type="checkbox"/> Parking Lot <input type="checkbox"/> Pool <input type="checkbox"/> Tennis Court(s)			
Multifamily Dwelling Units: No. 1 BR Units: _____ No. 2 BR Units: _____ No. 3 BR Units: _____ Total Units: _____			
List Each Building or Addition	New Building or Building Addition Total Floor Area	Existing Building Total Floor Area (“N/A” for New Buildings)	No. Stories for Each Building or Addition

<u>Developer Information</u>	
(The developer will receive comments from the County via email)	
Developer (Company) Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Fax: _____ Email: _____
Contact Person's Name: _____	Phone: _____
Developer Signature: _____	Date Signed: _____
Developer Printed Name: _____	

Project Name: _____

Property Owner Information

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

Property Owner (Company) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Person's Name: _____ Phone: _____

Applicant/Authorized Registered Professional Information

(The Applicant will receive comments from the County via email)

Authorized Registered Professional (Company) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Person's Name: _____ Phone: _____

Authorized Registered Professional Signature: _____ **Date Signed:** _____

Authorized Registered Professional Printed Name: _____

Project Name: _____

**Application for Plan Review Completeness Checklist:
NON-RESIDENTIAL (CDP) OR MULTIFAMILY (MDP) SITE DEVELOPMENT**

Authorized Registered Professional:

Please check each below to determine completeness of the application for plan review:

- | | |
|---|---|
| 1. <input type="checkbox"/> Complete Application Form [] | 23. <input type="checkbox"/> 1 copy of Flood Study (if required) [] |
| 2. <input type="checkbox"/> Plan Review Fee [] | 24. <input type="checkbox"/> 1 copy of Storm Water Management Report [] |
| 3. <input type="checkbox"/> Compact Disc in a protective case with plans in PDF format [] | Or, |
| 4. <input type="checkbox"/> Approved Specimen Tree Concept Plan (1 copy) [] Or, | 25. <input type="checkbox"/> Signed and sealed letter outlining stormwater management off-site or exempt (in compliance with UDO Title 3, Section 800-40.3) |
| 5. <input type="checkbox"/> Provide a letter of exemption per Section 630-70.8 of the UDO [] | 26. <input type="checkbox"/> 1 copy of BMP Maintenance Agreement [] |
| 6. <input type="checkbox"/> Project name(s) both current & former [] | 27. <input type="checkbox"/> 8 copies/sets of Site Development Plan Drawings <i>including:</i> |
| 7. <input type="checkbox"/> Location map & north arrow [] | a. <input type="checkbox"/> Site Plan [] |
| 8. <input type="checkbox"/> Property boundary line(s) with tie point [] | b. <input type="checkbox"/> Landscape, Tree Preservation and/or Replacement Plan [] |
| 9. <input type="checkbox"/> Land district, land lot and tax parcel number of property [] | c. <input type="checkbox"/> Grading Plan [] |
| 10. <input type="checkbox"/> Property Zoning District [] | d. <input type="checkbox"/> Erosion & Sediment Control Plan [] |
| 11. <input type="checkbox"/> Rezoning/SUP or CIC case number and conditions are on plans [] | e. <input type="checkbox"/> Storm Water Management Plan [] |
| 12. <input type="checkbox"/> Adjacent property line(s) / zoning district(s) [] | f. <input type="checkbox"/> Sewer Design Plan, both on & off-site, <u>including:</u> |
| 13. <input type="checkbox"/> Name(s) of street(s) adjacent to project site [] | 1) Location of all existing & proposed sewer [] |
| 14. <input type="checkbox"/> Name(s) and right-of-way width(s) of existing adjacent road(s) [] | 2) Manhole identification numbers [] |
| 15. <input type="checkbox"/> Location of existing driveways or roadways on opposite side of road(s) that abut the property [] | 3) Indicate both on & off-site sewer with complete design to the existing sewer tie-in manhole [] |
| 16. <input type="checkbox"/> Seal of authorized registered professional. [] | 4) Show all other existing & proposed utilities [] |
| 17. <input type="checkbox"/> 1 copy of all applicable Storm Water Management Checklists, <u>ANNOTATED TO INDICATE LOCATION OF INFORMATION ON PLANS</u> [] | 5) Provide profiles indicating slope, elevation, pipe type and length, utility crossings & manhole identification numbers [] |
| 18. <input type="checkbox"/> Gwinnett County Standard Floodplain Note, and if applicable, floodplain areas shown [] | g. <input type="checkbox"/> Water Distribution Plan, both on & off-site, <u>including:</u> |
| 19. <input type="checkbox"/> Gwinnett County Standard Wetlands Note, and if applicable, wetland areas shown [] | 1) Location of existing water lines with their sizes & appurtenances (e.g. hydrants, valves, etc.) [] |
| 20. <input type="checkbox"/> Gwinnett County Standard Storm Water Management Note, and if applicable, detention areas shown [] | 2) Location of proposed water lines with their sizes & appurtenances [] |
| 21. <input type="checkbox"/> Gwinnett County Standard State Waters Buffer Note, and if applicable, streams and stream buffers shown [] | h. <input type="checkbox"/> Pump Station & Force Main Design Plan (if applicable) [] |
| 22. <input type="checkbox"/> Storm water pipe chart & pipe profiles [] | i. <input type="checkbox"/> Detail Sheet(s) [] |

Authorized Registered Professional Signature

Date

***** **Gwinnett County Development Review Coordinating Committee Use Only Below** *****

Application is **COMPLETE** and is **ACCEPTED** for Plan Review

Application is **NOT** complete and is **REJECTED** for Plan Review for the following reasons:

1. _____
By: _____
Sewer & Water Plan Review – Planning & Development

2. _____
By: _____
Storm Water Plan Review - Planning & Development

3. _____
By: _____
Building Plan Review – Planning & Development

4. _____
By: _____
Traffic & Operations – Transportation

5. _____
By: _____
Fire Plan Review – Planning & Development

6. _____
By: _____
Development Plan Review –Planning & Development

Authorized Registered Professional Contacted By: _____ Date: _____ Time: _____
(To Be Contacted Only If Submittal Is Rejected)

Project Name: _____

Application for Plan Review Completeness Checklist:
NON-RESIDENTIAL OR MULTIFAMILY SITE CONCEPT PLAN (CPL)

Authorized Registered Professional:

Please check each below to determine completeness of the application for plan review:

- | | |
|---|---|
| 1. <input type="checkbox"/> Complete Application Form []
2. <input type="checkbox"/> Plan Review Fee []
3. <input type="checkbox"/> Compact Disc in a protective case with plans in PDF format []
4. <input type="checkbox"/> 8 copies of Site Concept Plan []
5. <input type="checkbox"/> Project name(s) both current & former []
6. <input type="checkbox"/> Location map & north arrow []
7. <input type="checkbox"/> Property boundary lines with tie point []
8. <input type="checkbox"/> Land district, land lot and tax parcel number of property []
9. <input type="checkbox"/> Property Zoning District []
10. <input type="checkbox"/> Rezoning/SUP or CIC case number and conditions are on plans []
11. <input type="checkbox"/> Adjacent property lines and zoning district(s) []
12. <input type="checkbox"/> Name(s) of existing adjacent road(s) []
13. <input type="checkbox"/> Location of existing driveways or | roadways on the opposite side of road(s) that abut the property []
14. <input type="checkbox"/> 1 copy of Storm Water Management's Checklist annotated to indicate location of information []
15. <input type="checkbox"/> Gwinnett County Standard Floodplain Note, and if applicable, floodplain areas shown []
16. <input type="checkbox"/> Gwinnett County Standard Wetlands Note, and if applicable, wetland areas shown []
17. <input type="checkbox"/> Gwinnett County Standard Storm Water Management Note, and if applicable, detention areas shown []
18. <input type="checkbox"/> Gwinnett County Standard State Waters Buffer Note, and if applicable, streams and stream buffers shown [] |
|---|---|

Authorized Registered Professional Signature

Date

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1. _____

2. _____

By: _____
Sewer & Water Plan Review – Planning & Development

By: _____
Storm Water Plan Review – Planning & Development

3. _____

4. _____

By: _____
Building Plan Review – Planning & Development

By: _____
Traffic & Operations – Transportation

5. _____

6. _____

By: _____
Fire Plan Review- Planning & Development

By: _____
Development Plan Review – Planning & Development

Authorized Registered Professional Contacted By: _____ Date: _____ Time: _____

(To Be Contacted Only If Submittal Is Rejected)

Project Name: _____

**Application for Plan Review Completeness Checklist:
NON-RESIDENTIAL (CDP) SEWER, WATER, PUMP HOUSE, FORCE MAIN**

Authorized Registered Professional:

Please check each below to determine completeness of the application for plan review:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Complete Application Form []</p> <p>2. <input type="checkbox"/> Plan Review Fee []</p> <p>3. <input type="checkbox"/> Compact Disc in a protective case with plans in PDF format []</p> <p>4. <input type="checkbox"/> Project name(s) both current & former []</p> <p>5. <input type="checkbox"/> Location map & north arrow []</p> <p>6. <input type="checkbox"/> Property Zoning District []</p> <p>7. <input type="checkbox"/> Rezoning/SUP or CIC case number and conditions are on plans []</p> <p>8. <input type="checkbox"/> Adjacent property line(s) / zoning district(s) []</p> <p>9. <input type="checkbox"/> Name(s) and right-of-way width(s) of existing adjacent road(s) []</p> <p>10. <input type="checkbox"/> Land district, land lot and tax parcel number of property
<i>(for linear projects provide land district, land lot and tax parcel number of the starting point)</i></p> <p>11. <input type="checkbox"/> Seal of authorized registered professional []</p> <p>12. <input type="checkbox"/> 1 copy of all applicable Storm Water Management Checklists, <u>ANNOTATED TO INDICATE LOCATION OF INFORMATION ON PLANS</u> []</p> <p>13. <input type="checkbox"/> Gwinnett County Standard Floodplain Note, and if applicable, floodplain areas shown []</p> <p>14. <input type="checkbox"/> Gwinnett County Standard Wetlands Note, and if applicable, wetland areas shown []</p> <p>15. <input type="checkbox"/> Gwinnett County Standard Storm Water Management Note, and if applicable, detention areas shown []</p> <p>16. <input type="checkbox"/> Gwinnett County Standard State Waters Buffer Note, and if applicable, streams and stream buffers shown []</p> <p>17. <input type="checkbox"/> Storm water pipe chart & pipe profiles []</p> <p>18. <input type="checkbox"/> 6 copies/sets of Site Development Drawings including:
a. <input type="checkbox"/> Site Plan []
b. <input type="checkbox"/> Landscape, Tree Preservation and/or</p> | <p>Replacement Plan [] <i>(If applicable)</i></p> <p>c. <input type="checkbox"/> Grading Plan [] <i>(If applicable)</i></p> <p>d. <input type="checkbox"/> Erosion & Sediment Control Plan []</p> <p>e. <input type="checkbox"/> Storm Water Management Plan []</p> <p>f. <input type="checkbox"/> Sewer Design Plan, both on & off-site, <u>including:</u>
6) Location of all existing & proposed sewer []
7) Manhole identification numbers []
8) Indicate both on & off-site sewer with complete design to the existing sewer tie-in manhole []
9) Show all other existing & proposed utilities []
10) Provide profiles indicating slope, elevation, pipe type and length, utility crossings & manhole identification numbers []</p> <p>g. <input type="checkbox"/> Water Distribution Plan, both on & off-site, <u>including:</u>
1) Location of existing water lines with their sizes & appurtenances (e.g. hydrants, valves, etc.) []
2) Location of proposed water lines with their sizes & appurtenances []</p> <p>h. <input type="checkbox"/> Pump Station & Force Main Design Plan <i>(if applicable)</i> []
i. <input type="checkbox"/> Detail Sheet(s) []</p> <p>18. <input type="checkbox"/> 1 copy of Flood Study <i>(if required)</i> []</p> <p>19. <input type="checkbox"/> 1 copy of Storm Water Management Report []
Or,
19. <input type="checkbox"/> Signed and sealed letter outlining stormwater management off-site or exempt (in compliance with UDO Title 3, Section 800-40.3) []</p> |
|--|---|

Authorized Registered Professional Signature _____

_____ Date

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Fire Plan Review – Planning & Development

4. _____
By: _____
Building Plan Review-Planning & Development

5. _____
By: _____
Traffic & Operations-Transportation

6. _____
By: _____
Development Plan Review-Planning & Development

Authorized Registered Professional Contacted By: _____ Date: _____ Time: _____

(To Be Contacted Only If Submittal Is Rejected)