

Rec'd By: _____
 Date Rec'd: _____

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.gwinnettcountry.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

(May 2017)

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

1. Complete Application Form []
2. Plan Review Fee []
3. Compact Disc in a protective case with plans in PDF format []
4. Approved Specimen Tree Concept Plan, one copy (STC201 _____) []
5. Project name(s) both current & former []
6. Location map & north arrow []
7. Property boundary line(s) with tie point []
8. Land district, land lot and tax parcel number of property []
9. Property Zoning District []
10. Rezoning/SUP or CIC case number and conditions are on plans []
11. Adjacent property line(s) / zoning district(s) []
12. Name(s) of street(s) adjacent to project site []
13. Name(s) and right-of-way width(s) of existing adjacent road(s) []
14. Location of existing driveways or roadways on opposite side of road(s) that abut the property []
15. Seal of authorized registered professional. []
16. 1 copy of all applicable Storm Water Management Checklists, annotated to indicate location of information []
17. Gwinnett County Standard Floodplain Note, and if applicable, floodplain areas shown []
18. Gwinnett County Standard Wetlands Note, and if applicable, wetland areas shown []
19. Gwinnett County Standard Storm Water Management Note, and if applicable, detention areas shown []
20. Gwinnett County Standard State Waters Buffer Note, and if applicable, streams and stream buffers shown []
21. Storm water pipe chart & pipe profiles []
22. 1 copy of Flood Study (if required) []
23. 1 copy of Storm Water Management Report
24. 1 copy of BMP Maintenance Agreement []
25. 8 copies/sets of Site Development Plan Drawings including:
 - a. Site Plan []
 - b. Landscape, Tree Preservation and/or Replacement Plan []
 - c. Grading Plan []
 - d. Erosion & Sediment Control Plan []
 - e. Storm Water Management Plan []
 - f. Sewer Design Plan, both on & off-site,
 - 1) Location of all existing & proposed sewer []
 - 2) Manhole identification numbers []
 - 3) Indicate both on & off-site sewer with complete design to the existing sewer tie-in manhole []
 - g. Water Distribution Plan, both on & off-site,
 - h. Pump Station & Force Main Design Plan (if applicable) []
 - i. 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 ✓ each below to determine completeness of the application for plan review:

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

Authorized Registered Professional Signature

Date

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

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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 ✓ 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</u> to indicate location of information []</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 <i>including:</i></p> | <p>a. <input type="checkbox"/> Site Plan []</p> <p>b. <input type="checkbox"/> Landscape, Tree Preservation and/or 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></p> <p>6) Location of all existing & proposed sewer []</p> <p>7) Manhole identification numbers []</p> <p>8) Indicate both on & off-site sewer with complete design to the existing sewer tie-in manhole []</p> <p>9) Show all other existing & proposed utilities []</p> <p>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></p> <p>1) Location of existing water lines with their sizes & appurtenances (e.g. hydrants, valves, etc.) []</p> <p>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> []</p> <p>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 []</p> |
|--|--|

Authorized Registered Professional Signature

Date

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1. _____
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Sewer & Water Plan Review-Planning & Development

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

3. _____
By: _____
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)