

Department of Planning and Development

446 West Crogan Street • Lawrenceville, GA 30046-2440
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gwinnettcounty

**GWINNETT COUNTY DEPARTMENT OF PLANNING & DEVELOPMENT
 WATER & SEWER REVIEW CITY SUBMITTAL FORM**
 One Justice Square, 446 West Crogan Street, Suite 150; Lawrenceville, GA 30046
 PHONE: 678-518-6000 FAX: 678-518-6240

PLEASE CHECK SUBMITTAL TYPE

WATER	SEWER	STORMWATER	PUMP STA	FORCE MAIN
<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> PREMINIARY	<input type="checkbox"/> INITIAL SUBMITTAL	<input type="checkbox"/> INITIAL SUBMITTAL
<input type="checkbox"/> REVISION	<input type="checkbox"/> REVISION	<input type="checkbox"/> REVISION	<input type="checkbox"/> REVISION	<input type="checkbox"/> REVISION
<input type="checkbox"/> A/B SUBMITTAL	<input type="checkbox"/> A/B SUBMITTAL	<input type="checkbox"/> HYDRO REPORT	<input type="checkbox"/> A/B SUBMITTAL	<input type="checkbox"/> A/B SUBMITTAL
<input type="checkbox"/> EXEMPTION PLAT	<input type="checkbox"/> EXEMPTION PLAT	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
<input type="checkbox"/> FINAL PLAT	<input type="checkbox"/> FINAL PLAT			
<input type="checkbox"/> BUILDING PLAN	<input type="checkbox"/> BUILDING PLAN			

DROP OFF DATE _____ PROJECT # _____ DIST/LL/PARCEL _____

PROJECT NAME _____

PROJECT ADDRESS _____

PROJECT DESCRIPTION _____ ZONING _____ BLD INFORMATION _____

PARKING SPACES _____ TOTAL SITE ACRES _____ TOTAL DISTURBED ACRES _____

NUMBER OF LOTS _____ SEPTIC OR SEWER _____ CITY LIMITS OF _____

*****DEVELOPER INFORMATION*****

DEVELOPER (CO) NAME _____

ADDRESS _____ CITY/ST/ZIP _____

DEVELOPER PHONE _____ E-MAIL _____

DEVELOPER CONTACT NAME _____

*****DESIGNER INFORMATION*****

DESIGNER (CO) NAME _____

ADDRESS _____ CITY/ST/ZIP _____

DESIGNER PHONE _____ E-MAIL _____

DESIGNER CONTACT NAME _____

RECEIVED BY _____ DATE RECEIVED _____ RE-REVIEW / INITIAL _____