

GWINNETT COUNTY STORMWATER MANAGEMENT DIVISION

STAFF REVIEW REQUEST

Applicant's Name: _____

Property Address _____

Contact Individual: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Mailing Address:
(if different) _____

Utility Account No./
Parcel ID No. _____

Description of Review Request –

Applicant's Signature (Not Required)

Date

Please return completed Form to:

Gwinnett County Stormwater Management Division
Department of Water Resources
684 Winder Highway
Lawrenceville, GA 30045-5012

Email: Swservice@gwinnettcounty.com