



APPLICATION FOR LAND DISTURBANCE AND DEVELOPMENT PERMIT

65 Lawrenceville Street, Norcross, Georgia 30071 Telephone: 678-421-2027 Facsimile: 770-242-0824

DEVELOPMENT NUMBER (CNO): _____ (TO BE ASSIGNED BY CITY OF NORCROSS)

THIS APPLICATION IS FOR ONE OF THE FOLLOWING REVIEWS

RESIDENTIAL DEVELOPMENT PLAN REVIEW:

Concept Plan Preliminary Plat Final Plat Exemption Plat Amendments

COMMERCIAL DEVELOPMENT PLAN REVIEW:

Concept Plan Preliminary Plat (Land sub-division only) Preliminary Plat (w/ construction documents)
 Final Plat Plan Review Site Development Review Amendments

PROJECT INFORMATION

Date of pre-application meeting: _____

Project Name: _____

Project Description: _____

Address or Location: _____

District: _____ Land Lot(s): _____ Parcel(s): _____

Total Acres: _____ Total Disturbed Acres: _____ Floodplain Acres: _____

Zoning: _____ Rezoning/SUP Case No. (s): _____

This application will result in the following type of land disturbance activities: (Select only one of the following)

Not applicable Clearing only Clearing and grubbing only Grading only

(NOTE: please see the required attachments on appendix B)

UTILITIES:

Water & Sewer Services:

Will this project: tie into existing services or will require new lines be installed.

Will this project use: County, City, or Private water and sewer services.

Select the diameter of the water and sewer tap? .75" 1" 1.5" 2" 3" 4" 6" 8"

(PLEASE NOTE: 1) All private sewer service applications must include a City of Norcross Denial of Services Statement from the Mayor and Council and Gwinnett County Health Department approval, 2) City water and sewer utilities must be designed using the Gwinnett County Water and Sewer Standards)

Electric Service:

Will this project use electrical service provided by: the City or another company. If using another company, please list: _____.

RESIDENTIAL PROJECTS:

Number of units: _____ Number of buildings: _____ Street Standards: Private City County

Percentage of tree canopy coverage: Current: _____ Future: _____

Will this development have a home owner's association? (Yes No)

If yes, are the proposed covenants attached at time of initial submittal? (Yes No)

Please contact City Hall at 770-448-2122 for all dumpster services.



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COMMERCIAL PROJECTS:

Number of buildings: _____ Total Number of Levels: _____ Gross Square Footage: _____

Total Number of Parking Spaces: _____

Will this project require a compact car parking administrative variance? (Yes No)

If yes, what percentage and exact number of parking will be compact car parking? _____

Percentage of tree canopy coverage Current: _____ Future: _____

DEVELOPER INFORMATION

Company Name of Developer: _____

Contact Person's Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Developer's Signature: _____ Date signed: _____

Developer's Printed Name: _____

PROPERTY OWNER INFORMATION

(Please complete either the current or proposed owner, if any, information)

Property Owner's (Company) Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date Signed: _____

Printed Name: _____

PROJECT DESIGNER INFORMATION

Company Name of Designer: _____

Contact Person's Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Designer's Signature: _____ Date Signed: _____

Designer's Printed Name: _____

Designer's State of Georgia ID#: _____

TO BE COMPLETED BY CITY OF NORCROSS ONLY.

Date received: _____ Development No. (CNO): _____

Review Fee: _____ Receipt No.: _____

Required attachments submitted? _____

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