



COMBINATION PLAT APPLICATION

65 Lawrenceville Street, Norcross, Georgia 30071 Telephone: 678-421-2027

This application must be uploaded to "Open Files" on ePlan and submitted with checklist and plans

THIS APPLICATION IS FOR ONE OF THE FOLLOWING REVIEWS:

COMBINATION PLAT REVIEW:

- Residential Property Commercial Property

*Combination Plat – Definition:
A combination or re-combination of all of two or more buildable lots of record which have the same zoning, where the total number of lots is not increased and the resultant lots or parcels are in compliance with the City of Norcross Unified Development Ordinance (UDO).*

PROJECT INFORMATION

Date of pre-application meeting: _____

Project Name: _____

Project Description: _____

Address/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

UTILITIES

Water and Sewer Services:

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

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

(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) County water and sewer utilities must be reviewed and approved by Gwinnett County Planning & Development

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

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: _____ 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: _____ Email: _____
Signature: _____ Date Signed: _____
Printed Name: _____

PROJECT DESIGNER INFORMATION

Company Name of Designer: _____
Contact Person’s Name: _____
Address: _____
Phone: _____ Email: _____
Designer’s Signature: _____ Date Signed: _____
Designer’s Printed Name: _____
Designer’s State of Georgia ID#: _____

TO BE COMPLETED BY THE CITY OF NORCROSS ONLY.

Date received: _____ Development No. (CNO): _____
Review Fee: _____ Receipt No.: _____
Required attachments submitted? _____

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