

PROJECT SUBMITTAL FORM

|   |  |  |  |
|---|--|--|--|
| <b>CITY OF LOGANVILLE DEPARTMENT OF PLANNING AND DEVELOPMENT<br/>DEVELOPMENT REVIEW</b> |  |  |  |
|---|--|--|--|

|                          |             |           |             |
|--------------------------|-------------|-----------|-------------|
| Project/Subdivision Name |             |           | Unit/Phase  |
| Previously Submitted as  |             |           | Project No. |
| Location                 |             |           |             |
| District                 | Land Lot(s) | Parcel(s) |             |

|  |                                    |             |            |
|--|------------------------------------|-------------|------------|
| Case Type <input checked="" type="checkbox"/>    | Concept                            | Preliminary | Final      |
| Project Type <input checked="" type="checkbox"/> | Residential                        | Commercial  | Industrial |
| Zoning   | Rezoning/Special Use Permit Number |             |            |

|   |  |                   |        |
|---|--|-------------------|--------|
| Acreage   | Sanitary Service <input checked="" type="checkbox"/> | Sewer             | Septic |
| Required Sewer Capacity                                 |  |                   |        |
| Number of Lots  | Density  | Minimum Lot Size  |        |
| Minimum Dwelling Size                                   | One Story  | Two Story         |        |
| Watershed?  | Alcovy River   | Brushy Fork Creek |        |
| Buffer(s) Required? <input checked="" type="checkbox"/> | Yes  | Type              | No     |
| Detention Provided? <input checked="" type="checkbox"/> | Yes  | Number of Ponds   | No     |
| Lake(s) Proposed? <input checked="" type="checkbox"/>   | Yes  | No                |        |

|              |            |                |  |
|--------------|------------|----------------|--|
| Developer    |            | Contact Person |  |
| Address      |            |                |  |
| City         | State      | Zip Code       |  |
| Phone Number | FAX Number |                |  |
| Designer     |            | Contact Person |  |
| Address      |            |                |  |
| City         | State      | Zip Code       |  |
| Phone Number | FAX Number |                |  |

|                          |  |  |
|--------------------------|--|--|
| <b>OFFICIAL USE ONLY</b> |  |  |
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|                |               |    |
|----------------|---------------|----|
| Submittal Date | Approval Date | By |
|----------------|---------------|----|