

City of Loganville

SITE PLAN ROUTE SHEET

Project Name: _____ # Lots: _____ Map/Parcel: # _____
 Location: _____ Total Ac: _____ Zoning: _____
 Developer: _____ Disturbed Ac. _____ Number of Lots: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Designer: _____ Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____

ENGINEER:

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

WATER QUALITY CONTROL:

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

FIRE DEPARTMENT:

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

SOIL CONSERVATION:

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

EPD (SEWER LINE EXTENTIONS):

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

EPD (WATER LINE EXTENTIONS):

1 st SUBMITTAL	2 nd SUBMITTAL	3 rd SUBMITTAL
DATE:	DATE:	DATE:
RETURNED:	RETURNED:	RETURNED:

APPROVED: _____

D.O.T. APPROVAL DATE: _____