



SITE PLAN REVIEW APPLICATION

Project Name _____ Date: _____

Description _____

Tax Parcel # _____ Street Name: _____

Owner or Developer: (select one) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Email: _____ Phone: _____

Engineer or Surveyor: (select one) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Email: _____ Phone: _____

24 Hr. Contact: _____ Phone: _____

GSWCC Certified Designer: _____

Erosion Certification No: _____ Expiration Date: _____

Number of Lots (Residential): _____ Disturbed Acres: _____ Total Acres _____

Zoning Case # (if applicable): _____ Hearing Date: _____

Variance Case # (if applicable): _____ Hearing Date: _____

Review Requested:

- Conceptual Plan Clearing Only Grading Only
- R/W Only Full Site LDP Revision

Plan Submitted:

- Preliminary Plat Site Plan Erosion Control Plan Tree Report
- Grading Plan Utility Plan Tree Plan Hydro Study

Water Availability: Yes No County City _____

Sewer Availability: Yes No County City _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Office Information

Review Date: _____ **Review Time:** _____ **Fee Amount:** \$ _____

Payment: Cash Check No: _____ **Project No:** _____