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## **CITY OF SNELLVILLE**

Department of Planning & Development 2342 Oak Road, 2<sup>nd</sup> Floor Snellville, GA 30078 Phone (770) 985-3513 or (770) 985-3514 www.snellville.org

APPLICANT & CONTACT INFORMAT	ON		PLA	NS SUBMITTE	D BY
Firm Name:			<ul> <li>□ General Contractor</li> <li>□ Professional Architect/Engineer</li> <li>□ Resident Homeowner</li> </ul>		
Contact Name:					
Mailing Address:		□ Other			
City: State: Zip:		PLAN REVIEW FEES COLLECTED  \$400 \$250 \$100 \$75 \$50  By: Cash Check Credit Card  Rcvd By:			
Ph: Fax: Cell:					
E-Mail Address:					
PROJECT INFORMATION			PROJECT TYPE		
Project Name: Unit/Phase:			☐ Commercial ☐ Industrial		
Project Street Address:			☐ Residential ☐ Mixed Use ☐ Other		
Building Designation: Floor Designation: Suite Designation:			□ New Construction (Complete) □ Shell Only □ White Box □ Interior Finish □ Addition □ Interior Alteration/Remodel □ Accessory Structure □ Monument Sign / Wall Sign Total Square Footage: SF Construction Contract Price:		
Shopping Center Name:					
Office/Commercial Center Name:					
District(s):					
Zoning District: Was this location previously rezoned? $\Box$	No 🗆 Yes 🗅	Unknown			
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Building Plans must <b>FIRST</b> be reviewed and approved by the State		gencies indi	cated below	, <b>BEFORE</b> subm	
	and County age etermine the r	gencies indic equired nur	cated below	, <b>BEFORE</b> subm	
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Building Plans must FIRST be reviewed and approved by the State the City of Snellville for review. Please contact these agencies to d requires three (3) complete sets of stamped and approved plans at Project Type  Residential Building Plans (Residence connected to Septic System)  Commercial (Office / Retail / Other Use)  Commercial (Food Service Business Establishment or Restaurant)  Commercial (Grocery, Convenience Store or Market)  PLAN REVIEW ACK  In accordance with Part 2 of Article I of Chapter 2 of Title 8 of the Official Code Plans, the City of Snellville hereby notifies permit Applicant that the City of Snereceiving the plans. If applicable, a written notice of plan deficiencies will be proresolution of the matter. Upon receipt of any plan revisions which addresses the p day period plus an additional five (5) business days to issue the requested permit of previously identified plan features remain in non-compliance with the applicable codadditional revisions submitted by the permit Applicant require that new government	and County age termine the rime of plan suant ime of plan suant ime of plan suant ime of Agriculture  No No No No YES  NOWLEDG  In Georgia Annotally ille intends to rided to the perman deficiencies, the ride provide a seces. In the event the second interval in the event the second in the second interval in the second in th	gencies indicequired nuribmittal.  State Fire Marshal No CALL No No  EMENT  ated, and upor complete the nit Applicant a e local building to the notat the revisio obtained, the	County Fire Marshal No YES YES Tequired plan and the 30-day g official shall hotice to the pons required to	County Environmental Health YES No YES No cceptance of the sub- review within 30 bu period will then be period will then be any the remainder or ermit Applicant statin address the plan defiant shall be required	County Water Resources No YES YES YES mitted Building usiness days of tolled pending f the tolled 30-g which of the ciencies or any