



Project Information
ROUTE SHEET ON BACK TO BE COMPLETED

Project Name _____

Project Address _____

District _____ Land Lot _____ Parcel _____ Zoning _____

Total Number of Lots _____ Sewer or Septic _____ Site Acreage _____ Disturbed Acreage _____

Owner Name _____

Owner Address _____

Owner Phone _____ Owner Email _____

24 Hour Contact _____

24 Hour Contact Address _____

24 Hour Contact Phone _____ Contact Email _____

Developer _____ Designer _____

EROSION CONTROL

My signature hereon signifies that I am the person responsible for compliance with all applicable erosion control measures and requirements as required in the Soil Erosion and Sedimentation Control Ordinance and the State General Permit. I understand that the City of Sugar Hill staff may conduct inspections, issue Notices of Violation, Stop Work Orders, and summons' to appear before the Sugar Hill Municipal Court for uncorrected Violations of Erosion Control Requirements. I will install, maintain and monitor all Best Management Practices on a daily basis and follow all approved Erosion Control Plans, and perform all required testing and documentation to ensure that no erosion and sedimentation shall impact neighboring properties.

_____ / / _____ / / _____ / / _____ / /
 Applicant Signature Date Owner Signature Date Contractor Signature Date

Applicant's LDP Permit Checklist

<u>DEVELOPMENT PERMIT</u>		<u>FINAL PLAT</u>	
<input type="checkbox"/> Approved Flood Study	<input type="checkbox"/> Approved Hydrology Study	<input type="checkbox"/> CDC Package	<input type="checkbox"/> Performance Bond
<input type="checkbox"/> DNR/EPD Receipt/Fees	<input type="checkbox"/> DOT Right of Way Plans	<input type="checkbox"/> Maintenance Bond	<input type="checkbox"/> Recorded Covenants
<input type="checkbox"/> NOI	<input type="checkbox"/> Erosion Control Bond	<input type="checkbox"/> Final Plat Ratification	<input type="checkbox"/> As-built Hydrology
<input type="checkbox"/> Letter Notification to School	<input type="checkbox"/> Approved Lighting Plan	<input type="checkbox"/> Maintenance Agreements (Retaining Wall, Detention Pond)	
<input type="checkbox"/> GSWCC Approved Plans	<input type="checkbox"/> Street Sign/Payment Approval	<input type="checkbox"/> GDOT Notification of Local Road Activity	
<input type="checkbox"/> Digital Copy (shp, dwg, or dxf)	<input type="checkbox"/> USPS Cluster Box Approval	<input type="checkbox"/> Natural Gas Installation Agreement	

For Office Use Only

Submittal Date _____ Development Permit# _____
 (Circle One) Type of review(s):
 Concept Plan Grubbing Plan Clearing Plan Grading Plan Development/Site Plan Preliminary Plat Final Plat Exemption Plat Minor Review Other Review

FINAL APPROVAL

City of Sugar Hill Planning and Development Department Director Approval		Applicable / Not Applicable
Signed: _____	Print Name: _____	Date _____
Conditions: _____		

Reviewing Agency or Department - BY SIGNING BELOW, YOU HAVE APPROVED OF THE APPLICABLE PROPOSED PLANS AND AUTHORIZED THE CITY OF SUGAR HILL TO ISSUE APPROPRIATE PERMIT.		Applicable/NA (Circle One)
Georgia Soil and Water Conservation Commission 470-201-9897 (Erosion Control – Sites greater than 1.0 acres)		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		
Gwinnett County Department of Public Utilities 678-518-6153 (Existing or proposed water and /or sewer)		Applicable / Not Applicable
Signed:	Print Name:	Date
Water		
Signed:	Print Name:	Date
Sewer		
Conditions:		
Gwinnett County Fire Department 678-518-4980 (Fire Safety and ADA compliance)		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		
Gwinnett County Environmental Health Department 770-963-5132 (Septic Tanks and/or associated structures)		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		
Gwinnett County Department of Transportation (Construction in right of way) COUNTY RIGHT OF WAY 678-518-6178 STATE RIGHT OF WAY 770-339-2308		Applicable / Not Applicable COUNTY / STATE
Signed:	Print Name:	Date
Conditions:		
Gwinnett County Development Review 678-518-6017 / Tax Assessor 770-822-7219 (Assign subdivision name, street names and addresses)		Applicable / Not Applicable
Signed:	Print Name:	Date
Development Review		
Conditions:		
Signed	Print Name:	Date
Tax Accessors:		
Conditions:		
City of Sugar Hill Street Department/Payment of Street Signs 770-271-2137		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		
City of Sugar Hill Gas Department 770-271-2137		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		
Electrical Provider Lighting Plan Approval GA Power – Lori Martucciello 770-497-5814 SAWNEE Electric- Glennis Buice 770-887-2363 X 7344 lmartucci@southernco.com		Applicable / Not Applicable GA POWER / SAWNEE ELECT
Signed:	Print Name:	Date
Conditions:		
United States Postal Service 678-482-8421 – Cluster Box Units – Vicky Reed		Applicable / Not Applicable
Signed:	Print Name:	Date
Conditions:		