



CITY OF DACULA

442 Harbins Road • P. O. Box 400
Dacula, GA 30019
(770) 963-7451 / Fax (770) 512-2187

APPLICATION FOR PLAN REVIEW APPROVAL

Plan Type _____

Subdivision/Project Name _____ **Date** _____

Location _____

Land Lot(s) / District _____ / _____ **Parcel No.** _____

Type: Single-Family Multi-Family **Current Zoning** _____

Commercial Industrial **No. of Lots** _____ **Acreeage** _____

No. Buildings _____ **No Dwelling Units** _____ **Lot Frontage** _____

Min. Dwelling/Bldg. Size (Sq. Ft) _____ **Sewerage:** Sanitary Septic Tank

Developer _____ **Designer** _____

Address _____ **Address** _____

_____ **Zip** _____ _____ **Zip** _____

Phone _____ / **Fax** _____ **Phone** _____ / **Fax** _____

Name of Property Owner(s): _____ **Name of Person(s) Obtaining Authorization:** _____

(Please review the Final plan for this project. This form becomes an official part of the Subdivision Plan approval)

Gwinnett County Environmental Health Department (Septic System) **Date** _____

Authorized By: _____ **Conditions** _____

Gwinnett County Department of Public Utilities

Water Pollution Control (Sanitary Sewer) **Date** _____

Authorized By: _____ **Conditions** _____

Gwinnett County Department of Water Resources

Water Division **Date** _____

Authorized By: _____ **Conditions** _____

Stormwater Management **Date** _____

Authorized By: _____ **Conditions** _____

Gwinnett County Fire Services **Date** _____

Authorized By: _____ **Conditions** _____

Georgia Soil and Water Conservation Commission (Erosion Control) **Date** _____

Authorized By: _____ **Conditions** _____

Gwinnett County Dept. of Transportation or GA DOT (If applicable) **Date** _____

Authorized By: _____ **Conditions** _____

City Engineer/Planner **Date** _____

Authorized By: _____ **Conditions** _____

PERMIT ISSUED: _____ **DATE ISSUED:** _____