



Final Plat Review Application [Page 1 of 2]

City of Suwanee
 330 Town Center Ave.
 Suwanee, GA 30024
 770-945-8996 (ph.)

Project Name: _____

Project Address: _____

Tax Parcel ID #: _____

Owner Name: _____

Owner Address: _____

Owner Phone # and Fax #: _____

Contact Firm: _____

Contact Person: _____

Contact email: _____

Contact Phone # and Fax #: _____

Please answer the following questions:

<u>Questions</u>	<u>Yes</u>	<u>No</u>
1. Does the plat comply with the Development Regulations?		
2. Is the plat sealed by a Georgia State Registered Land Surveyor or Professional Engineer?		
3. Did the owner/subdivider of the property sign and date the required Owners Acknowledgement and Declaration?		
4. Did the registered surveyor complete, sign and date the Final Surveyor's Certificate?		
5. If septic lots, did the health department sign the required statement?		
6. Are all proposed street names shown on the plat?		
7. Did you provide one copy of the "as-built" of any related detention ponds, as approved by the City Engineer?		
8. Was an "as-built" (sealed by a Registered Land Surveyor or Professional Engineer) of any water system improvements submitted to the Gwinnett County Department of Public Utilities or the City of Suwanee Public Works Department (as applicable)?		
8. Was an "as-built" (sealed by a Registered Land Surveyor or Professional Engineer) of any sewer improvements submitted to the Gwinnett County Department of Public Utilities?		
9. Did you provide the \$500.00 review fee? Once the review is started, review fees are non-refundable.		
10. Have the following items been completely installed:		
a. All roadways are completed except the final topping layer.		
b. Street lights		
c. Street signs (speed limit signs, street name signs, etc.)		
d. Sprinkler systems		
e. Street trees (if applicable)		

11. Did you provide a Certificate of Development Conformance for the project?		
12. Did you provide a signed and dated Performance and Maintenance Agreement with associated exhibits?		
13. Did you provide a 12 month performance bond for the final topping of the street or any other improvements as directed by the Chief Building Inspector?		
14. Did you provide an 18 month maintenance bond as required by the Performance and Maintenance Agreement?		
15. Did you provide 4 executed copies of the BMP Maintenance Agreement?		
16. Did you provide an 18 BMP Maintenance bond with the necessary calculations?		
17. Did you provide a completed copy of the BMP Tracking form?		
18. Did you provide a copy of the covenants?		
If the answer to any of questions 1-18 is "No" then the City may not accept the application for review.		
Inaccurate answers to the following questions may delay approval of the plat.	Yes	No
20. Will this project be on public water? If yes, circle one Gwinnett County City of Suwanee		
21. Will this project be on public sewer?		
22. Will this project use a septic tank system?		
23. Do the plans include a constructed stormwater BMP facility?		
24. What is the Zoning District of the subject property?		
25. What is the site acreage? _____ acres		
26. Please list any adjacent public right-of-ways, noting which entity maintains the right-of-way.		
27. Please list any lots containing floodplain.		
28. Please list any lots containing a buffer required as a condition of zoning.		

Note 1. All information must be completed on application in order for plats to be accepted for review by City Departments.
Note 2. The submittal of inaccurate or incomplete drawings may cause the application to be rejected. Rejected plats must file a new application and pay a new review fee.

Applicant's Acknowledgement

I have read and understand the application, and the information that I have provided is true and complete to the best of my knowledge. I understand that submitted plans must accurately reflect proposed work. I also understand that substantially incomplete or inaccurate applications may be rejected.

Applicant's Signature _____ **Date** _____

Owner's Acknowledgement

I acknowledge that the City of Suwanee Planning and Inspections Department staff or designees may require access to my property in order to confirm some of the information contained in this application. I authorize the City or its representatives to access the site that is the subject of this application.

Owner's Signature _____ **Date** _____

=====Office Use Only=====

Received by: _____
Date Accepted: _____ Project #: _____ Amt. Paid _____ Check No. _____