



Planning and Inspections Department

330 Town Center Avenue, Suwanee GA 30024

Voice: 770-945-8996 · Fax: 770-945-2792

Suwanee Web site: www.suwanee.com · Email: info@suwanee.com

ALTERNATE ARCHITECTURAL REVIEW INFORMATION FORM

The following items are necessary in order to process Alternate Architectural Review Applications:

1. APPLICATION FORM

Complete all sections of the application form. The application MUST be signed by both the applicant and the owner.

2. APPLICATIONS FEES

Please make checks payable to **CITY OF SUWANEE**. The application fee is non-refundable.

Planning Commission-----\$300.00

3. LEGAL DESCRIPTION

A legal description is required on an 8 ½” x 11” sheet.

4. SITE PLAN AND/OR BOUNDARY SURVEY

An 8 ½” x 11” reduction is required in addition to the full size plan showing specific information such as Buffers, Setbacks, Building Locations, curb cuts etc. (if applicable).

5. ARCHITECTURAL ELEVATIONS

Submit plans as necessary to support your request.

6. DOCUMENTATION

Any and all information related to the application which you believe may be helpful to the Board of Appeals to render a decision should be submitted along with the application.

7. No Application will be accepted for processing unless the application is complete and all necessary plans are included with the application.

**APPLICATION FOR ALTERNATE ARCHITECTURAL REVIEW FROM
ARCHITECTURAL STANDARDS OR PMUD ARCHITECTURAL REVIEW
CITY OF SUWANEE PLANNING COMMISSION**

Please complete this application and submit with all necessary attachments (please type or print):

APPLICANT INFORMATION

OWNER INFORMATION

Name: _____

Name _____

Address: _____

Address _____

City: _____

City: _____

State: _____

State _____

Phone: _____

Phone: _____

CONTACT PERSON: _____

PHONE: _____

ADDRESS OF PROPERTY _____

LAND DISTRICT _____ LAND LOT _____ PARCEL _____ LOT _____

SUBDIVISION OR PROJECT NAME (IF APPLICABLE) _____

ZONING _____

CITE APPLICABLE SECTIONS OF ARCHITECTURAL AND DESIGN STANDARDS _____

NEED FOR ALTERNATE ARCHITECTURAL REVIEW _____

***A VARIANCE FROM A CONDITION OF ZONING CANNOT BE ACCEPTED.**

SECTION 2007, APPLICANT AND/OR A REPRESENTATIVE.

*****The property owner, applicant and /or a representative thereof shall be present at all meetings of the Zoning Board of Appeals, Planning Commission and/or Mayor and Council at which official action is requested on any variance or application for amendment. The failure of the property owner, applicant and/or a representative to attend such meetings shall result in the denial of said variance, application for amendment, or alternate architectural review.**

Alternate Architectural Review Application
Page 2

APPLICANT CERTIFICATION

The undersigned below is authorized to make this application and is aware that an application or re-application for the same type of alternate architectural review affecting the same land or any portion thereof shall not be acted upon within twelve (12) months from the date of last action by the Planning Commission, unless waived by the Planning Commission. An application or reapplication shall not be acted upon in less than (6) months from the date of the last action by the Planning Commission.

Signature of Applicant

Date

Typed or Printed Name and Title

Signature of Notary Public

Date

Notary Seal

PROPERTY OWNER CERTIFICATION

The undersigned below, or as attached, is the record owner of the property considered in this application and is aware that an application or re-application for the same type of alternate architectural review affecting the same land or any portion thereof shall not be acted upon within twelve (12) months from the date of last action by the Planning Commission, unless waived by the Planning Commission. An application or reapplication shall not be acted upon in less than (6) months from the date of the last action by the Planning Commission.

Signature of Owner

Date

Typed or Printed Name and Title

Signature of Notary Public

Date

Notary Seal

DEPARTMENT OF PLANNING AND DEVELOPMENT USE ONLY

Case Number _____

AAR _____

Administrative _____

Date Rec'd _____

Rec'd By _____

Hearing Date _____

Amount Rec'd _____

Receipt _____

ACTION TAKEN _____

SIGNATURE _____

DATE: _____