



**Planning and Inspections Department**

330 Town Center Avenue, Suwanee GA 30024

Voice: 770-945-7034 · Fax: 770-945-2792

Suwanee Web site: [www.suwanee.com](http://www.suwanee.com) · Email: [info@suwanee.com](mailto:info@suwanee.com)

**CONCEPT PLAN AMENDMENT INFORMATION FORM**

The following items are necessary in order to process Concept Plan Amendment Applications:

1. **APPLICATION FORM:** Complete all sections of the application form. The application MUST be signed by the applicant and the owner.
2. **SITE PLAN:** Provide one 8 ½" x 11" reduction and one full size plan showing the concept plan as approved and provide one 8 ½" x 11" reduction and one full size plan indicating any proposed changes to the concept plan.
3. **ADDITIONAL PLANS:** Submit plans as necessary to support your request. EXAMPLE: For a large project is might be helpful to provide a plan that focuses on the areas of change. Also, architectural renderings of the area may be helpful.
4. No Application will be accepted for processing unless the application is complete and all necessary plans are included with the application.
5. Unless otherwise required, concept plan amendments must be submitted and reviewed by the City Council. See Planning Department Staff for submittal deadlines and hearing dates.

**APPLICATION FOR PLANNED MIXED USE DEVELOPMENT  
CONCEPT PLAN AMENDMENT  
CITY OF SUWANEE CITY COUNCIL**

Please complete this application and submit with all necessary attachments as stated on the PMUD Concept Plan Amendment Information Form (please type or print)

**APPLICANT INFORMATION**

**OWNER INFORMATION**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

APPLICABLE REZONING CASE # \_\_\_\_\_

SUMMARIZE PROPOSED AMENDMENT(S) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR PROPOSED AMENDMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS**

I hereby certify that the above and attached information is true and correct. I am also aware that pursuant to Section 2003 of the Zoning Ordinance any and all conditions which may be attached to the property shall be binding on the property and all subsequent owners.

**Applicant**

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Notary Seal

**Owner**

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\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Notary Seal

**DEPARTMENT OF PLANNING AND DEVELOPMENT USE ONLY**

\_\_\_\_\_  
ACTION TAKEN \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_