



CITY OF PEACHTREE CORNERS
COMMUNITY DEVELOPMENT
 147 Technology Parkway, Suite 200, Peachtree Corners, GA 30092
 Tel: 678.691.1200 | www.peachtreecornersga.gov

Development Plan Submittal Application

ALL information below MUST be complete and LEGIBLE.

Date: _____
 Development Name: _____
 Address: _____
 Zoning: _____ Acreage: _____
 District/ Section: _____ Land Lot: _____
 Description of Proposed Project: _____
 Disturbed Acreage: _____ New Impervious Area: _____
 Clearing Grading Residential Subdivision Non-Residential Development Other _____

Project Number (issued by City Staff): _____
 Building SF/Units: _____
 Use: _____
 Parcel: _____

**SUBMIT 4 SETS CIVIL PLANS/PLATS AND 2 HYDROLOGY STUDIES
 (ELECTRONIC COPIES ON A DISK OR FLASH DRIVE WITH EACH SUBMITTAL)**

Type of Plan Submittal		City Fee	Submittal Fee	Fee Paid
Specimen Tree Concept Plan		\$200		
Residential	Concept Plan	\$50 + \$15/ lot		
	Exemption Plat	\$50 + \$15/ lot		
	Final Plat	\$150 + \$15/ lot		
	Subdivision Land Disturbance Permit	\$250 + \$15/ lot		
Non-Residential	Concept Plan	n/a		
	0-1 Acre	\$250		
	1.01-4.99 Acres	\$500		
	4.99 -10 Acres	\$750		
	More than 10 Acres	\$1000		
Plan Resubmittal (after 3 rd , 4 th , 5 th Reviews)		\$250, \$500, \$750, etc.		
Minor Plan Revision		\$100		
Major Plan Revision		\$250		
Final Plat Revision		\$250		
Subdivision Plat/Combination Plat/Exemption Plat		\$250		

Applicant Information : Check if recipient would like a copy of all comments sent
 Name: _____
 Company: _____ Phone: _____
 Address: _____
 Email: _____

Engineer Information: Check if recipient would like a copy of all comments sent
 Name: _____
 Company Name: _____ Phone: _____
 Address: _____
 Email: _____

Owner Information: Check if recipient would like a copy of all comments sent
 Name: _____
 Address: _____
 Email: _____

I hereby certify that all information provided herein is true and correct

Property Owner Signature: _____ Date: _____