

City of Senoia
Subdivisions and Multi-family Developments
Application for Preliminary Plat Review

Project Name: _____ Phase: _____

Zoning District: _____ Acreage: _____ Historic District: YES / NO

Owner(s) Name: _____

Applicant(s) Name: _____

Property Location: _____
Property Address land lot(s), parcel(s)

Mailing Address: _____

Phone Number: _____ Fax number: _____

Proposed Use of Land: _____

Number of Lots: _____

For office use only

Date: Rec'd by:

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Preliminary Plat meets specs according to sec. 404 and 405 |
| _____ | _____ | 2. 15 copies of the Preliminary Plat |
| | | a. Copy to City Administrator: _____ |
| | | b. Copy to City Engineer: _____ |
| | | c. Copy to City Planner: _____ |
| _____ | _____ | 2. Action by Planning Commission: date _____ |
| | | a. Denial - Letter sent _____ |
| | | b. Acceptance -written notification to Mayor and Council _____ |
| _____ | _____ | 3. Action by Mayor and Council: date _____ |
| | | a. Denial - letter sent _____ |
| | | b. Acceptance - Construction Drawings: _____ |
| | | Performance Bond: _____ |
| _____ | _____ | 4. Permit issued _____ |