

**Landscape Plan
Review Application**



**City of Senoia
P.O. Box 310
Senoia, GA 30276
770.599.3679**

Project Name _____ Date Submitted _____

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 _____

Email _____

For office Use:

(1) 8 Copies of Plan _____

(2) 1 pdf of Plan _____

(3) Application Fee (\$200) _____

(4) Date of Planning Commission _____

(5) Date of Historic Preservation Commission _____

Caliper inches needed _____

Caliper inches provided _____