

**CITY OF WINDER**  
**PLANNING DEPARTMENT**  
**(770) 867-3510**

**APPLICATION FOR PRELIMINARY PLAN REVIEW / LAND DISTURBANCE / DEVELOPMENT PERMIT**

Developer/Builder \_\_\_\_\_ Designer \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Land Owner \_\_\_\_\_

Development/Subdivision Name \_\_\_\_\_ Unit/Phase \_\_\_\_\_

Location \_\_\_\_\_ Type \_\_\_\_\_

Tax Map & Parcel \_\_\_\_\_ Zoning \_\_\_\_\_ Sanitary Sewer: ( ) Sewer ( ) Septic

Acreage \_\_\_\_\_ Number of Lots \_\_\_\_\_ Minimum Size Lot \_\_\_\_\_ Minimum Dwelling/Building Size \_\_\_\_\_

Comments are to be forwarded to the (check only one): ( ) Developer/Builder ( ) Designer

Type of permit/review requested (check only one):

- ( ) Preliminary Plan Review ( ) Clearing & Grubbing Permit ( ) Grading Permit ( ) Development Permit

I understand that the plan review period normally takes five weeks, but can be longer dependent upon the number of applications and reviews submitted prior to this submittal. I also understand that issuance of a permit, in no way provides relief from the responsibility of maintaining full compliance with all local, state and federal codes, ordinances and laws. Furthermore, I understand that all applicable fees for the requested permit are due prior to permit issuance.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Departmental Use Only**

Date received by the Planning Dept. \_\_\_\_\_ 1st submittal rcvd. \_\_\_\_\_ Comments out \_\_\_\_\_ 2nd submittal rcvd. \_\_\_\_\_ Comments out \_\_\_\_\_  
\_\_\_\_\_ 3rd submittal rcvd. \_\_\_\_\_ Comments out \_\_\_\_\_ 4th submittal rcvd. \_\_\_\_\_ Comments out \_\_\_\_\_

Sent to the Street Dept. for review \_\_\_\_\_  
Sent to the Water Dept. for review \_\_\_\_\_  
Sent to the Sewer Dept. for review \_\_\_\_\_  
Sent to the Gas Dept. for review \_\_\_\_\_  
Sent to the Fire Dept. for review \_\_\_\_\_  
Sent to the Police Dept. for review \_\_\_\_\_

Date received Permit/Approval by the GA. DOT Date \_\_\_\_\_  
Date received Georgia EPD information Date \_\_\_\_\_  
Date received N.O.I. (If applicable) Date \_\_\_\_\_  
Date Approved by the Planning Board (If applicable) Date \_\_\_\_\_

**Comments / Notes:**

\_\_\_\_\_