

Department of Planning and Development

446 West Crogan Street • Lawrenceville, GA 30046-2440
 (tel) 678.518.6000
 www.gwinnettcountry.com



Modification Application
 (From the Unified Development Ordinance)

All applicable departments must sign off on the application form before Development Review accepts the application. Contact Development Review with any question about applicable departments. Allow ten (10) business days for review of the application. Attach a copy of applicable plans, exhibits, supporting documentation and \$100.00 application fee. Indicate clearly on the plan the area in which the modification is applicable.

<u>Applicant Information</u>	<u>Developer / Property Owner Information</u>
Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
Contact Person's Name _____ Phone _____	
Contact Person's Email _____	
Applicant is the (please check or circle one of the following):	
[] Developer / Property Owner	[] Developer's / Property Owner's Agent

Address or Location of Property _____

Subdivision or Project Name _____

Development Type _____

Modification Requested _____

Ordinance & Code Section _____

Modification Case No. _____

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Justification for Modification (attach separate sheet if needed) _____

<u>Applicant Signature</u>		<u>Developer / Property Owner Signature</u>	
Signature _____	Date _____	Signature _____	Date _____
Typed or Printed Name & Title _____		Typed or Printed Name & Title _____	

Gwinnett County Government Use Below Only

Gwinnett DOT Recommendation _____

By _____

Stormwater Management Recommendations _____

By _____

Sewer Plan Review Recommendations _____

By _____

Fire Plan Review Recommendations _____

By _____

Building Plan Review Recommendations _____

By _____

Date Received _____ Received By _____

Modification Type _____

Ordinance & Code Section _____

MRN _____ Zoning District _____ Zoning/SUP Case No. _____

Action Taken by Planning & Development Denied Approved Approved with Conditions

Conditions _____

By _____ Date _____

Modification No. _____