City of Statham, GEORGIA

P.O. Box 28 – 330 Jefferson St.
Statham, GA 30666
770-725-7771

PRELIMINARY PLAT
SITE PLAN SUBMITTAL

_____ _____
NAME OF PROJECT SUBDIVISION / SITE

_____ _____
STREET ADDRESS OF SUBDIVISON / SITE PROPOSED USE

_____ _____
APPLICANT NAME ADDRESS OF APPLICANT

_____ _____
CONTACT PERSON PHONE NUMBER

_____ _____
NAME OF PROPERTY OWNER ADDRESS / PHONE NUMBER

ITEMS BEING SUBMITTED FOR PRELIMINARY REVIEW:_____

Authorization Statement- I hereby submit this Sketch Plan as authorized agent/owner of all property Shown thereon, and certify that all contiguous property under my ownership or control is included within the boundaries of the Sketch Plan, as required by the Development Regulations.

Signature of Authorized Agent/Owner_____Date_____

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OFFICE USE ONLY: _____ZONING _____PARCEL _____ LOT #

NOTES BY PLANNING & ZONING :_____
_____
_____
_____

Certificate of Approval – This Sketch Plan has been reviewed and approved for general compliance with the Zoning Resolution and Development Regulations of the City of Statham.

_____ _____
SIGNATURE OF CHIEF PLANNING & ZONING OFFICER DATE