

CITY OF LAWRENCEVILLE
PO BOX 2200, LAWRENCEVILLE, GA 30046
PH: 678-407-6583; FAX: 678-407-6699
DEVELOPMENT PERMIT APPLICATION

DATE OF SUBMITTAL _____

District _____ Land Lot _____ Parcel _____ Zoning _____

Acres _____ Detention Pond ___ Yes ___# ___No

Applicant _____
PERSON OR COMPANY PAYING FOR THE PERMIT

Project Address _____

CIRCLE ONE THAT APPLIES:

Residential/Commercial

Gas Supplier: **CITY/ATL.GAS LIGHT**

Water Supplier: **CITY/COUNTY** Electric Supplier: **CITY/JEMC/GA POWER**

Subdivision _____ **Lot** _____ **Block** _____

OR Project Name _____

Contractor _____ **Office#** _____

Contact Person _____ **CellPhone** _____

LOCAL NUMBERS ONLY

EMAIL _____

IF LONG DISTANCE NUMBERS ONLY PLEASE SUPPLY AN EMAIL ADDRESS

Owner of Property _____