

## CITY OF RINCON, GEORGIA

Planning and Development Department Phone: (912) 826-5996 / Fax: (912) 826-2083 www.cityofrincon.com

## **PROJECT DEVELOPMENT APPLICATION**

Final Plat	Preliminary Site Plan (Check all tha		Revised Site Plan		
LOCATION OF PRO	OJECT:				
Location Address:					
Current Zoning:	Parcel#:				
Total Area of Propert	y (acres or square feet):				
Project Summary/	Scope of Work:				
APPLICANT INFO	RMATION:				
	Business: Phone:				
Contact Person:					
	State:				
Email:					
PROPERTY OWNER					
Name:		Phone:			
Mailing Address:					
City:	State:	Zip Code: _			
Email:					
	(Only if different from Applicant.)				
Name:		Phone:			
Mailing Address:					
City:	State:	Zip Code: _			
Email:					

## **CAMPAIGN CONTRIBUTIONS**

	e you made campaign contributi ming and Zoning Board, during t				
	No. I have not made campaign contributions to any City of Rincon Official(s).				
	Yes. I have made campaign	contributions to one o	or more City of Rincon Official	l(s).	
City (	<u>official</u>	<u>Title</u>	<u>Dollar</u>	<u>ur Value</u>	
Sign	nature of Applicant			Date	
<u>sub</u>	BMITTAL REQUIREMENTS				
•	<ul> <li>iminary and Final Site Plans, Fir</li> <li>1 complete set of plans</li> <li>1 digital set of plans</li> <li>1 - 11 X 17 set of plans</li> <li>Land Development Permit (</li> </ul>				
Build	ding Plans  1 full set  1 digital set  1 – 11 x 17 set				
Per \$500 Incl	ject Development Application development:  0.00, plus \$50.00 per acrelludes initial engineering feelitional meetings are require	e (All projects that rees. Additional fees			
Į					
	Planning and Zoning Boar Date of Meeting		Approv		
	Remarks:				
	City Council Date of Meeting			ved Denied	
	Remarks:				