



Community Development Department
5047 Union Street ~ Union City, GA 30291
Phone (770) 515-7950 \*Fax (770) 969-8795
www.unioncityga.org

Preliminary Plat Application

Instructions: Ten (10) copies of application and the following items must be submitted to the Community Development Department.

Application Type: [ ] New/Re Development [ ] Street Name change (only 5 copies)

- Completed application form - all information required of the applicant must be provided and must be printed clearly or typed.
- The submittal to the Planning Commission shall consist of one original and ten (10) copies black or blue line prints on white background. For a list of requirements, refer to Article VII, Section 7.1.4 (A) - (O) and 7.2 and relevant Zoning District regulations. \*Street Name changes will only be heard by the City Council.
- Application fee of \$350 plus \$5.00 per lot. Re-review fee of \$200 per resubmittal.

Upload your completed form to:

https://unioncityga.portal.iworq.net/portalhome/unioncityga

Please make your payment online when submitting your application

https://unioncityga.governmentwindow.com/payer\_login.html

Project Title: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Number of Units Proposed: \_\_\_\_\_ Site Plan # \_\_\_\_\_

Developer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email address: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email address: \_\_\_\_\_

FOR OFFICE USE ONLY
Date Submitted: \_\_\_\_\_ Accepted by: \_\_\_\_\_
Fee Paid: \_\_\_\_\_ Application # \_\_\_\_\_ PP- \_\_\_\_\_