

## Macon-Bibb Planning & Zoning Commission

Terminal Station | 200 Cherry Street, Suite 300 Macon, Georgia 31201 | MBPZ.org

# Pre-Development Review Meeting Application

Applicant Name
Applicant's Mailing Address: P. O. Box/ Street
City ate Zip
E-mail address for <b>primary contact</b> ( <u>required</u> )
Daytime Phone Number
Location of Proposed Development
Type of Proposed Development
Applicant Signature Date
**Please attach 1 copy of your proposal and/or plans for the project to this application. **
**Please attach 1 copy of your proposal and/or plans for the project to this application. **  Pre-Development meetings are scheduled in 1 hour increments on a first come, first serve basis. Only two meetings will be scheduled per Thursday. Pre-development meetings serve only to make the applicant aware of any particular areas of concern and the proper procedure for obtaining permits from each department. If you have a list of specific items for each department to address, please submit the list by e-mail to <a href="mailto:info@mbpz.org">info@mbpz.org</a> . The Zoning Office will distribute the list to the appropriate departments for comment. Due to time constraints of all departments, lengthy lists cannot be discussed during the meeting.
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# **Submittal Checklist for Pre-Development Applications**

The following information MUST be submitted with an application for Pre-Development Review. Without this information, our office will not be able to place your proposal on a Pre-Development schedule.

<b>Site plan</b> – If you're proposing single family attached or a commercial/industrial/institutional project, please include the buildings on the plan.
Area of the project
Number of units
% of greenspace
Width of all streets.
Are water and sewer proposed? Yes No (check one)
Are streets to be public? Yes No (check one)
Private/Gated? Yes No (check one)
Current Zoning District
Proposing to Rezone? Yes No (check one)
If yes what district is proposed?
Amenity area? Yes No (check one)
If yes, is a swimming pool, sauna, or spa proposed? Yes \(\subseteq\) No \(\subseteq\) ( <u>check one</u> )
If proposing a Cluster Development, what setbacks are you proposing for:
Front, Side, Rear?
<b>Narrative</b> – tell us a little about your proposed project, other than what is listed above. Narrative should be typed or included on the plans.
<b>Provide us a list of specific questions</b> for P&Z, Health Department requirements, MWA requirements/procedures, Engineering requirements/ procedures, Traffic Engineer requirements, Fire Department requirements, <b>if you have any</b> . This will ensure that all of your questions are addressed during the meeting or as a written answer and help to stream line our meeting.

The following should be addressed by the departments <u>DURING</u> the pre-development. Applicants can make notes on these during the meeting if they choose but <u>ZONING STAFF</u> should <u>make sure that the departments address these questions</u>. <u>Zoning staff</u> should make sure that this <u>form is complete before storing the file for reference</u>.

#### **TRAFFIC ENGINEER:**

will the proposed development affect the existing traffic patterns?
the proposed development cause any stacking or traffic congestion?
at is an acceptable radius for the proposed roadways and curbs?
s the existing driveway impede with visibility to and or from the development?
litional questions and or comments:
PREVENTION:
fire hydrant located near the development? Yes  No Distance?
at are the existing or proposed driveway isle widths?s the proposed development have an existing fire suppression system? Yes No
the proposed development have any flammable storage? If so, where and describe? Yes \( \scale \) No \( \scale \)

### **HEALTH DEPARTMENT:**

1.	Is the proposed development on a well? Yes \( \square\) No \( \square\)
2.	Is the proposed development on a well? Yes \( \square\) No \( \square\)
3.	Will food service be provided for the proposed development? Yes \( \square\) No \( \square\)
4.	Additional questions and or comments:
M.	ACON WATER AUTHORITY:
1.	How many restrooms are provided?
2.	How many tenant spaces and or bedrooms are provided?
3.	Does the proposed development have access to an existing water main and or sanitary sewer?  Yes  Both  Both
4.	Are there any existing sanitary sewer easements on the proposed development? Yes No
5.	Are there any existing water main easements on the proposed development? Yes \( \scale \) No \( \scale \)
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6. 7	Will the project require a back-flow preventer? If so what type?
7.	Will this project require a fire flow test?
8.	Is a fire hydrant located near the development? Yes  No Distance?
9.	Additional questions and or comments:

# **COUNTY ENGINEER:**

Does the proposed development include any existing structures or is this new construction? Yes No
How many acres is being disturbed for the proposed development?
A land disturbance permit may be required.
Are there any existing drainage easements on the proposed development? Yes \( \scale \) No \( \scale \)
Are there any existing and or proposed buffers for the proposed development? Yes \( \scale \) No \( \scale \)
Additional questions and or comments: