Planning and Development
4303 Lawrenceville Road
Loganville, GA 30052
Tel: 770-466-2633
Email: planning@loganville-ga.gov

PROJECT PLAN REVIEW SUBMITTAL FORM - DEVELOPMENT

PROJECT INFORMATION			
Project/Subdivision Name:			Unit/Phase:
Submittal Date:		Submitted By:	
Address:			
District:	Land Lot(s):	Parcel(s):	

Plan Type ✓	Concept	Preliminary	Final
Project Type ✓	Residential	Commercial	Industrial
Zoning:	Rezoning/Special Use Case Number:		

Acreage:	Sanitary Service ✓	Sewer	Septic
Required Sewer Capacity:			
Number of Lots:		Minimum Lot Size:	
Watershed			
Buffer(s) Required? ✓	Yes	Type	No
Detention Provided? ✓	Yes	Number of Ponds	No
Lake(s) Proposed? ✓	Yes	No	

CONTACT INFORMATION		
Property Owner:	Contact Person:	
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Designer:	Contact Person:	
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

OFFICE USE ONLY

PLANEN:_____ RECEIPT #:_____
PLANAD:_____ TAKEN BY:_____
FIREIN: _____ DATE PAID:_____
TOTAL:_____

Plans are preferred to be submitted digitally. Please either attach plans to an email and send to planning@loganville-ga.gov or share the file via Dropbox to planning@loganville-ga.gov

City of Loganville
Sewer Capacity Certification

Application for Sewer Capacity Allocation

Date of Application:_____
Name of Development: _____
Project Street Address: _____
Is the location of this development inside the City of Limits? _____
Land Lot: _____ Dist: _____ GMD: _____ Parcel Code Number(PCN):_____
In what County or Counties is this project located_____

If Commercial or Industrial, Proposed Use and Flow (Daily average and Peak): _____
_____
Please attach worksheet including calculations on how this data was derived.

If Residential, the number of units for which capacity is requested at this time: _____
Are you going to be developing and requesting capacity in phases?
_____
Do you have an amenity center that will be needing capacity? _____

Projected Completion Date (by what date and to what degree can the applicant commit to use on a continuous basis the capacity requested) _____

NOTE: All applicants must comply with all the terms and provisions of the City of Loganville Code of Ordinances including, the Water and Sewer Ordinance**.** If the application is for non-domestic wastewater, the applicant must attach additional **DETAILED** information as to the characteristics of the wastewater, including but not limited to BOD5, TSS, COD, pH, fats, oils, and grease as well as any federally or state identified priority pollutants, included but not limited to nitrogen and phosphorus. A separate process may be required for non-domestic use.

Application Fee Due: $500 Fee Paid _____ (date) _____

As a condition of authorizing the addition of sewage flow into the City's Sewer System, the City of Loganville must:

-Certify the availability of adequate capacity to convey, transmit, and treat increased sewage flow or,
-Require the completion of offsetting sewer improvements to the City's Sewer System and/or,
-Assure that the applicant has received all required approvals for alternative sewer disposal techniques where adequate capacity is not available.

Should adequate capacity require the completion of offsetting sewer improvements, **approval of applications for building permits and/or Certificates of Occupancy shall not be given until the offsetting sewer improvements are completed.**

If the project scope and/or the calculation of sewage flows referenced herein is revised, the Applicant must amend this Application and any pending permit application for the proposed project in a timely manner.

Applicant Agreement: The filing of this form by the Applicant, in the capacity of the legal representative of the Owner and Developer of the parcel or property, places no obligation on the City of Loganville, its officers, employees, agents, and assigns, to issue a building permit, conditional or otherwise. Any misrepresentations in this application, failure to provide new, revised, or updated information regarding the estimated sewage flow, or subsequent violation of the conditions of the capacity certification process, will result in revocation of the building permit and other remedies available in equity and law for the improper filing of legal documents. I (the applicant) further acknowledge and agree to comply with all the terms and provisions of the City of Loganville Code of Ordinances including but not limited to, the **Water and Sewer Ordinance** (as amended from time to time).

Applicant: _____

Address:_____

Phone #: _____ Email _____ Fax#: _____

I certify that I am the Owner and Developer of the parcel or property that is the subject of this application, attest to the accuracy of the information presented herein, and understand and accept the conditions expressed under Applicant Agreement. I acknowledge that no building permit shall be issued until all necessary fees are paid in full and all other requirements are met. I further acknowledge that payment of the capacity certification fee is for the purpose of evaluation only and does not guarantee or imply a finding of adequate sewer capacity and is non-refundable. I understand that if the actual capacity required by my development exceeds the amount I receive, I am required to buy the additional, necessary, capacity at twice the cost of the standard rate.

Date _____ Applicant Signature _____

Attach additional pages as required.

FOR THE CITY OF LOGANVILLE USE ONLY:

This application for capacity certification is hereby:
[ ] APPROVED IN THE AMOUNT OF_____ for immediate use
[ ] DISAPPROVED
[ ] CONDITIONALLY APPROVED IN THE AMOUNT OF_____ – Pending

_____
_____
_____
_____
_____
Attach additional comments as needed.

_____ _____
City of Loganville Date

City of Loganville – Utilities Department
Sewer Capacity Certification Program
Capacity Evaluation

Address/Location_____
Building Permit Application No: (if applicable) _____
Date of Certification:_____
Net Change in Sewage Flow: _____
Downstream Manhole: _____
Receiving Plant: _____

Basis of Certification:

- Capacity is available in the WPCP: YES_____NO _____
- Capacity is available in the _____ Pump Stations YES____ NO_____
- Are any capacity related overflows known along the sewers between the point of new connection and the above WPCP: _____ YES _____ NO_____
- Proposed connection is in a capacity-limited area: _____ YES _____ NO (if yes, attach documentation)
- Capacity is available in the following trunk sewers from the new connection to the WPCP based on observations, survey data or flow data:
  _____
  _____
- Capacity is limited in the following trunk sewers for which observations, survey or flow data is available:
  _____
  _____
- Spot check of flow depths at the following manholes on the indicated trunks and outfalls which flow monitoring data is not available indicate that capacity is available (attach field check records)
  _____
  _____
  _____
- Other basis of determining that capacity is available in specific sewers as follows:
  _____
  _____
  _____

- Other data and information relevant to certification of capacity not covered above:

_____
_____
_____

Our analysis as of this date indicates the following:

[ ] CAPACITY IS AVAILABLE in the amount of _____ , to be added to The Waiting List.

[ ] CAPACITY IN THE AMOUNT OF _____ IS NOT AVAILABLE Until _____ when the following projects are expected to be completed:

_____
_____

[ ] CAPACITY IS NOT AVAILABLE and a planned project or projects have not been identified and/or scheduled in the foreseeable future.

Analysis prepared by:_____ Date: _____

Analysis reviewed by:_____ Date: _____
Utilities Director

ENGINEER'S CERTIFICATION (If required due to amount of capacity requested):

Our Independent analysis of the above capacity data indicates the following:

[ ] CAPACITY IS AVAILABLE in the amount of _____, to be added to The Waiting List.

[ ] CAPACITY IN THE AMOUNT OF_____IS NOT AVAILABLE Until_____ when the following projects are expected to be completed: _____

_____
_____

[ ] CAPACITY IS NOT AVAILABLE and a planned project or projects have not been identified and/or scheduled in the foreseeable future.

_____ _____
Engineer Date