

**EFFINGHAM COUNTY**  
**SKETCH PLAN SUMITTAL FORM**

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Project Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Proposed Name of Subdivision \_\_\_\_\_

Name of Applicant/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Owner of Record \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Engineer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Surveyor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Proposed water \_\_\_\_\_ Proposed sewer \_\_\_\_\_

Total acreage of property \_\_\_\_\_ Acreage to be divided \_\_\_\_\_ Number of Lots Proposed \_\_\_\_\_

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_ Tax map – Block – Parcel No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are any variances requested? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned (applicant) (owner), hereby acknowledges that the information contained herein is true and complete to the best of its knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Owner

# EFFINGHAM COUNTY SKETCH PLAN CHECKLIST

**OFFICIAL USE ONLY**

Subdivision Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

The following checklist is designed to inform applicants of the requirements for preparing sketch plans for review by Effingham County. Applicants should check off items to confirm that it is included as part of the submission. **CHECKLIST ITEMS OMITTED CAN RESULT IN THE APPLICATION BEING FOUND INCOMPLETE AND THEREFORE DELAY CONSIDERATION BY THE BOARD.** This checklist must be submitted with the application.

Office Use	Applicant Use
<b>(a) Project Information:</b>	
	1. Proposed name of development.
	2. Names, addresses and telephone numbers of owner and applicant.
	3. Name, address and telephone number of person or firm who prepared the plans.
	4. Graphic scale (approximately 1"=100') and north arrow.
	5. Location map (approximately 1" = 1000').
	6. Date of preparation and revision dates.
	7. Acreage to be subdivided.
<b>(b) Existing Conditions:</b>	
	1. Location of all property lines.
	2. Existing easements, covenants, reservations, and right-of-ways.
	3. Buildings and structures.
	4. Sidewalks, streets, alleys, driveways, parking areas, etc.
	5. Existing utilities including water, sewer, electric, wells and septic tanks.
	6. Natural or man-made watercourses and bodies of water and wetlands.
	7. Limits of floodplain.
	8. Existing topography.
	9. Current zoning district classification and land use.
	10. Level Three Soil Survey (if septic systems are to be used for wastewater treatment).
<b>(c) Proposed Features:</b>	
	1. Layout of all proposed lots.
	2. Proposed new sidewalks, streets, alleys, driveways, parking areas, etc (to include proposed street/road names).
	3. Proposed zoning and land use.
	4. Existing buildings and structures to remain or be removed.
	5. Existing sidewalks, streets, driveways, parking areas, etc., to remain or be removed.
	6. Proposed retention/detention facilities and storm-water master plan.

	7. Wastewater infrastructure master plan (to include reuse infrastructure if proposed).
	8. Water distribution infrastructure master plan.

The undersigned (applicant) (owner), hereby acknowledges that the information contained herein is true and complete to the best of its knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Applicant

\_\_\_\_\_ Notary

\_\_\_\_\_ Owner