

Robins International Industrial Association
 Architectural Review Board
 The Joint Development Authority of Peach County and the City of Warner Robins
 425 James E Khoury Drive – Unit B
 PO Box 935
 Fort Valley, GA 31030

FINAL PLAN SUBMISSION FORM

After approval of the preliminary plans, three (3) sets of the final fully completed plans (construction drawings and specifications including landscape, irrigation, lighting, signage plans and exterior building materials and colors) shall be submitted in hard copy (24" X 36") for approval. A copy of the plans shall also be submitted in electronic format.

PLAN SUBMITTAL CHECKLIST & MATERIALS

REQUIRED ITEMS/ACTIONS/FORMATS	NUMBER OF COPIES (IF APPLICABLE), MEETING DATES, ETC.	CHECK
Final Plan Submittal Meeting Date (if modifications are necessary and/or requested by ARB)		
X3 (three) sets of final plans – hard copies		
X3 (three) sets of final plans – electronic format		
All site plans should be submitted at the same scale: 1" = 50', 1" = 100' or 1" = 200'		
Wetland areas, buffer areas, setbacks, development areas, and floodplains should all be identified on the site plan		
All site plans should utilize the same shading designations for consistency		
FEES AND CHARGES		

The ARB shall provide comments as soon as possible, but no later than fifteen (15) days from receipt of the submission of the final plans. The ARB will reserve the right to request a meeting with the applicant to discuss any modifications necessary to make the design conform to the approved preliminary design. The ARB will return to the applicant one (1) complete set of drawings and specifications marked "approved" and signed by an authorized representative of the Joint Development Authority of Peach County and the City of Warner Robins (JDAPCWR) as declarant.

In no event shall the applicant commence any clearing or construction upon its parcel without the permission and/or approval of the ARB, as well as state, local and federal agencies with jurisdiction over the project.

APPLICANT NAME	
COMPANY NAME	
DATE OF APPLICATION	
SIGNATURE OF APPLICANT	



INTERNAL USE ONLY
REVIEWED BY ARB:

COMMENTS:

Authorized Signature: _____
Printed Name: _____

INTERNAL USE ONLY
REVIEWED BY JDAPCWR:

COMMENTS:

Authorized Signature: _____
Printed Name: _____