

# Conditional Use Permit Application Corridor Development Plan

Carroll County  
423 College Street

Department of Community Development  
Carrollton, GA 30117 (770) 830-5861  
www.carrollcountyga.com



## For Department Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date of Initial CDP meeting: \_\_\_\_\_

**Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed. Also, please note the required information requested on the submittal requirements page.**

APPLICANT

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Name (If different from applicant):** \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

*(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)*

CONDITIONAL USE

**Project Name and Proposed Use:** \_\_\_\_\_

**General Location of Project:** \_\_\_\_\_

**Square Footage of Site:** \_\_\_\_\_

**Describe Proposed Conditional Use:**

**SPECIFIC INFORMATION**

**Describe how the proposed Conditional Use will affect:**

Traffic: \_\_\_\_\_

Parking: \_\_\_\_\_

Availability of Public Facilities/Utilities: \_\_\_\_\_

Other relevant Impacts of the Proposal:

**Required Materials to Accompany the Application:**

1. Completed application and the fee.
2. Copy of deed, lease, option agreement or other evidence of ownership or applicant's interest in the property. If the applicant is not the owner, attach a notarized statement signed by the owner authorizing the applicant to request the amendment.
3. All required items listed in the Submittal Requirements checklist, including a site plan.

**Return Form (in person) to:**

Department of Community Development  
423 College Street  
Carrollton, GA 30117  
Phone: (770) 830-5861

**For Department Use Only**

Application No: \_\_\_\_\_  
Filing Fee: \_\_\_\_\_  
Pre-Application Conf: \_\_\_\_\_  
Date Advertised: \_\_\_\_\_  
Date Notices Sent: \_\_\_\_\_  
PC Public Hearing Date: \_\_\_\_\_  
BoCC Public Hearing Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
Approved by Resolution #: \_\_\_\_\_

# Conditional Use Permit Application

## Submittal Requirements

***The applicant shall submit the following information and drawings as part of the review process (staff will check each of these items to make sure the application is complete). A check mark will indicate item has been completed. An "x" mark will indicate that the item is incomplete:***

- \_\_\_\_\_ A completed application and applicable fees.
- \_\_\_\_\_ Parcel Information Sheet with a Certificate of Zoning Compliance and a signed notarized affidavit. These needed forms are located within the CDP application. The applicant can have the affidavit notarized at the Community Development front counter.
- \_\_\_\_\_ A copy of the property deed including a legal description of the parcel.
- \_\_\_\_\_ 3 initial copies of an accurately scaled site plan (*after your initial CDP meeting with the Community Development staff*) showing the locations and dimensions of building footprints of all existing and proposed buildings, parking spaces, driveways, landscape areas, utility easements and alignments, stormwater improvements, the metes and bounds of the lot or parcel, and the metes and bounds of the extent of development, which shall be referred to hereinafter as the development area. An additional 25 copies may be needed after staff has reviewed the plan and has determined a minor exception cannot be granted. The application will then be forwarded to the Planning and Zoning Commission within 30 working days of certification of completeness.
- \_\_\_\_\_ 1 initial copy of exterior building elevations and dimensions of all sides of existing and proposed structures and of all existing or proposed solid waste and recycling containment areas. The exterior finish material selection for each building elevation shall be clearly noted on the drawing and may be shown as a detail inset. For each elevation, the area covered by each finish material shall be calculated as a percentage of the total area of the elevation and shown in tabular format on the drawing.
- \_\_\_\_\_ To aid in evaluating the exterior design, the applicant shall submit schematic floor plans showing window, door and loading dock locations, and other exterior features that clearly define the intent of the completed exterior of the structure. External heating, ventilating, air conditioning and electrical equipment heights, locations and screening materials shall be clearly noted. Colored renderings clearly indicating color choices or exterior building and finish material samples may be submitted.
- \_\_\_\_\_ External lighting (to include all new lighting within the development area) shall be clearly noted. Lighting cut-sheets shall be submitted for each new external light.
- \_\_\_\_\_ Any agreements, provisions or covenants to be recorded which may govern the use.
- \_\_\_\_\_ Names and addresses, as recorded in the Carroll County Tax Assessor's office, of all adjacent property owners and two 24" x 36" aerial photos may be needed after staff has reviewed the plan and has determined that the applicant must get C.U.P. approval from the Board of Commissioners.
- \_\_\_\_\_ Sign application, if applicable, that meets the requirements of the Sign Ordinance.
- \_\_\_\_\_ Other information as may be deemed necessary by the Director of Community Development, or his designee, in order to evaluate the appearance of the completed structure.

# PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

*To be completed by Map Room Personnel in Room #414*

**MAP ROOM OFFICAL:** \_\_\_\_\_

**MAP:** \_\_\_\_\_ **LAND LOT:** \_\_\_\_\_

**PARCEL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**CURRENT PROPERTY OWNER:** \_\_\_\_\_

**PROPERTY OWNER AS OF JANUARY 1<sup>ST</sup>:** \_\_\_\_\_

**APPLICANT (IF DIFFERENT FROM OWNER):** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**ACREAGE:** \_\_\_\_\_ **PARCEL SPLIT FROM:** \_\_\_\_\_

<b>CURRENT ZONING CLASSIFICATION</b>		
<b>REQUIRED SETBACKS</b>	FRONT	
	SIDE	
	REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b>		
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification		
<b>Signature of Zoning Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____		
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of CDP Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of County Engineer or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Signature of Zoning Administrator or Designee:</b> _____ <b>Date:</b> _____ <b>Comments:</b> _____

## Sketch of Property

<i>Please check:</i>	CONVENTIONAL	MANUFACTURED HOME	COMMERCIAL
	ACCESSORY BUILDING OR ADDITIONS	OTHER: _____	

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures.
- ⇒ Show the ***dimensions*** of the lot and all setbacks from the house and other structures to all property lines.
- ⇒ The front setback shall always be measured from the centerline of the frontage road(s).
- ⇒ Show location of any wells, trash pits and all easements (drainage or utility) located on the property.
- ⇒ Show distance to nearest stream or lake on property, or if not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: \_\_\_\_\_

Describe the type of structure that you plan to build: \_\_\_\_\_

Is this a Multiple Road Frontage Lot: \_\_\_\_\_



STATE OF GEORGIA  
COUNTY OF CARROLL



**AFFIDAVIT FOR A \_\_\_\_\_**

\_\_\_\_\_, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a \_\_\_\_\_ under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

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

Sworn to and subscribed  
before me this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My Commission Expires:

\_\_\_\_\_  
AFFIANT (signature)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

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



**Carroll County  
Department of Community Development**

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P.O. Box 388  
Carrollton, Georgia 30117  
(770) 830-5861

**Take to:** Tyler Shadix  
Carroll County Fire Rescue and EMA  
501 Old Newnan Road  
Carrollton, GA 30117  
Phone: (770) 830-5880

**CARROLL COUNTY FIRE RESCUE & EMA  
Fire-Flow Analysis Form**

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**Section I (to be completed by the Zoning Administrator during pre-application conference)**

- Map and Parcel # of Property: \_\_\_\_\_
- Zoning of Property: \_\_\_\_\_
- Current Land Use: \_\_\_\_\_
- Proposed Land Use: \_\_\_\_\_
- Proposed square footage of any proposed commercial or residential units on the parcel: \_\_\_\_\_

**Section II (to be completed by staff at Carroll County Fire Rescue and EMA)**

- Does this site meet or exceed required fire flow per Carroll County standards?

**Please circle one:**      Yes                                  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Fire Rescue/EMA Reviewer**

\_\_\_\_\_  
**Date**