

# Conditional Use Permit Application

Carroll County  
423 College Street

Department of Community Development  
Carrollton, GA 30117 (770) 830-5861



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

*Application must be filed by noon on the 3<sup>rd</sup> Tuesday of the month to go on the next month's agenda.  
No exceptions*

**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.**

<b>APPLICANT</b>	<b>Applicant Name:</b> _____
	<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
	<b>Phone:</b> ( ) _____ - _____ <b>Fax:</b> ( ) _____ - _____ <b>Email:</b> _____
	<b>Agent Name:</b> _____
	<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
	<b>Phone:</b> ( ) _____ - _____ <b>Fax:</b> ( ) _____ - _____ <b>Email:</b> _____
	<b>Owner Name (If different from applicant):</b> _____
	<b>Address:</b> _____
	<b>Phone:</b> ( ) _____ - _____ <b>Fax:</b> ( ) _____ - _____
	<i>(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)</i>

<b>CONDITIONAL USE</b>	<b>Project Name:</b> _____
	<b>Conditional Use Location (attach location map):</b> _____
	<b>Proposed Use:</b> _____
	<b>Total acreage:</b> _____
	<b>Describe Proposed Conditional Use:</b> _____ _____ _____

*Staff Use Only*

Land Lot _____ of the _____ District, Carroll County	Tax Map _____	Parcel _____
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**SPECIFIC INFORMATION**

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

*Traffic:*

*Parking:*

*Availability of Public Facilities/Utilities:*

*Other relevant Impacts of the Proposal:*

**Describe how the proposed Conditional Use will be a benefit to the public.**

**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**.

**Return Form to:**

*Artagus Newell or Margie Milam  
Department of Community Development  
423 College Street  
Carrollton, Georgia 30117*

**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

Case No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

*Unless specifically exempted in writing by the Director of Community Development, the applicant shall submit the following information and drawings as part of the review process:*

- \_\_\_\_\_ A completed application
- \_\_\_\_\_ Applicable fees (\$250)
- \_\_\_\_\_ Parcel Information Sheet with a Certificate of Zoning Compliance
- \_\_\_\_\_ Signed notarized affidavit
- \_\_\_\_\_ A copy of the property deed including a legal description of the parcel.
- \_\_\_\_\_ A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.
- \_\_\_\_\_ Names and addresses of all surrounding property owners, which can be obtained from the Map Room #414
- \_\_\_\_\_ Two 24" x 36" aerial photos, which can be obtained from the Map Room #414
- \_\_\_\_\_ 25 copies of a current boundary survey
- \_\_\_\_\_ 25 copies of site plan (if applicable)

# 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT (signature)

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

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

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

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

My Commission Expires:

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

# Appearance Statement

## Appearance Before Commission Bodies Required

To process the application for Conditional Use Permits or Rezoning, the Developer, Owner, Applicant, Agent or a Representative thereof must be present to *personally* request said Conditional Use or Rezoning before BOTH the Planning Commission AND the Board of Commissioners. Applicants requesting a Variance must also *personally* present their request in front of the Community Development Board of Appeals.

Failure to personally appear before *either* required Board may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Commissioners cannot be re-submitted for consideration for a term not less than one (1) year from the date of the denial by the Board of Commissioners.*

The Planning Commission will hear your request on; \_\_\_\_\_ at 6:30 PM

The Board of Commissioners will hear your request on; \_\_\_\_\_ at 6:00 PM

The Board of Appeals will hear your request on; \_\_\_\_\_ at 5:30 PM

## **IMPORTANT**

An orange stake shall be placed on the subject property until the zoning sign is affixed. Failure to place and/ or maintain the stake *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to place the stake and maintain its placement until the sign is affixed. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc. Owner/applicant shall have five business days in which to place the stake after the filing deadline. (3<sup>rd</sup> Tuesday of each calendar month)

Applicant Signature. \_\_\_\_\_

Date. \_\_\_\_\_

\* All meetings are held in the Commission Chambers of the David Perry Administration Building located at 423 College Street, Carrollton, GA 30117.

\* Unless otherwise stated.

# Conditional Use Permit Application

## Application Process

