



# CONDITIONAL USE APPLICATION

Case No. \_\_\_\_\_

<b>APPLICANT INFORMATION</b>	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____
<b>CONTACT PERSON</b>	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail: _____ <p style="text-align: center;"><i>(All staff correspondence will be sent only to one designated contact person.) (Address and telephone numbers do not have to be repeated if provided above.)</i></p>
<b>REQUEST</b>	Location Address: _____ Present Zoning: _____ Most Recent Use: _____ Proposed Use of the Property (attach additional sheets as necessary): _____ _____ _____

<b>REQUEST CONTINUED</b>	<p>Any prior conditional use request on this property?    Yes _____    No _____</p> <p><b>If yes:</b>    Name of Applicant: _____</p> <p>                  Application #: _____</p> <p>                  Date of Public Hearing: _____</p>
<b>STANDARDS FOR THE EXERCISE OF ZONING POWER</b>	<p><b>Applicants for zoning map amendments, zoning variances, and conditional use variances should answer the following questions:</b></p> <p>(1) What are the existing land uses and zoning classifications of nearby property?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(2) Is the property suitable for the uses and purposes that is currently zoned?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(3) Does the existing zoning negatively impact the value of the property? Please explain.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(4) Does the existing zoning promote the health, safety, morals or general welfare of the public?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(5) What hardship does the existing zoning put on the property owner?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(6) Does the property have any reasonable economic use as currently zoned?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(7) If the property is vacant, how long has it been vacant?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(8) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>STANDARDS FOR THE EXERCISE OF ZONING POWER (CONTINUED)</b>	<p>Applicants for zoning map amendments, zoning variances, and conditional use variances should answer the following questions:</p> <p>(9) Will the proposed zoning adversely affect the use of adjacent or nearby properties?</p> <hr/> <hr/> <hr/> <p>(10) Is the zoning proposal consistent with the comprehensive plan, other governmental land use, transportation, and/or development plans for the community?</p> <hr/> <hr/> <hr/> <p>(11) Will the requested zoning result in a use which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?</p> <hr/> <hr/> <hr/> <p>(12) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?</p> <hr/> <hr/> <hr/>
<b>FILING REQUIREMENTS</b>	<p><i><b>This application will not be processed unless the following items are submitted with it:</b></i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Filing fee:</b> (\$150.00 [Single-family residential district], \$250.00 [R-3 &amp; R-4 Multi-family districts], and \$250.00 [Commercial &amp; Industrial Districts]). Make a check payable to: <b>City of Statesboro.</b></li> <li><input type="checkbox"/> <b>Survey or plat,</b> drawn to scale, showing north arrow, land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for Bulloch County, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger.</li> <li><input type="checkbox"/> Submit a copy of recorded covenants and restrictions, if applicable.</li> <li><input type="checkbox"/> Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office.</li> <li><input type="checkbox"/> If the application is for a landfill, the applicant shall additionally submit information called for in Chapter 66 of the City of Statesboro's Code of Ordinances.</li> <li><input type="checkbox"/> If the application is for a recovered materials processing facility or solid waste handling facility, the applicant shall additionally submit information called for in the Chapter 66 of the City of Statesboro's Code of Ordinances.</li> <li><input type="checkbox"/> <b>Signed and notarized Disclosure of Campaign Contributions.</b></li> <li><input type="checkbox"/> <b>Application must be signed by property owner(s) and signatures must be original.</b> Additional copies of this page may be attached if necessary for additional property owners.</li> </ul> <p>(*Note: Base fee for split-zoning requests based on most expensive district requested.)</p>

*I/We understand and agree, upon execution and submission of this application that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I/we attest that the information contained in this application is true and accurate to the best of my/our knowledge.*

\_\_\_\_\_  
(Signature of applicant)                      \_\_\_\_\_  
(Printed name of applicant)                      \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of property owner)                      \_\_\_\_\_  
(Printed name of property owner)                      \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of property owner)                      \_\_\_\_\_  
(Printed name of property owner)                      \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of property owner)                      \_\_\_\_\_  
(Printed name of property owner)                      \_\_\_\_\_  
(Date)

**City of Statesboro  
Planning Department  
50 E Main St, 3<sup>rd</sup> Floor  
P O Box 348  
Statesboro, GA 30459-0348  
Telephone (912) 764-0630  
Fax (912) 764-0664**

Rec'd by:	Date:
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**City of Statesboro**

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: \_\_\_\_\_ Property Address/Location: \_\_\_\_\_

The following disclosures are required from each of the following persons: the owner, the applicant if the applicant is different from the owner; and any representative of the owner or applicant.

Pursuant to the Conflict of Interest in Zoning Act, O.C.G.A § 36-67A-1 et seq., any applicant of this rezoning who has made, within two years immediately preceding the filing of the application, campaign contributions aggregating \$250.00 or more to the Mayor, City Council or any Planning Commission member, should file an **OPPONENT OF REZONING ACTION CAMPAIGN DISCLOSURE REPORT**, showing contribution amount(s) and date(s). Such disclosure should be filed at least five calendar days prior to the Planning Commission’s hearing. **Violation of this Act shall not affect the validity of the rezoning, but such action may be a misdemeanor under O.C.G.A. § 36-67A-4.**

Please check that which applies:

- I have not within the two years preceding the above application made campaign contributions and/or gifts aggregating \$250.00 or more in value to a government official(s) of the City of Statesboro who will consider the application.
- I have within the two years preceding the above application made campaign contributions and/or gifts aggregating \$250.00 or more in value to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official’s Name:	Position:	Contribution amount:	Date of Contribution:
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I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
PRINTED Name of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE of Applicant

\_\_\_\_\_  
Date

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