



## PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

### APPLICATION FOR SPECIAL USE

#### Instructions for Applicant:

Please complete this form and submit with any requested documents in order to complete the Special Use Application. We recommend that all development professionals conducting business in the City of Griffin review the current Unified Development Code (UDC), prior to submission of this application, depending on the type of development. The UDC can be found at [www.cityofgriffin.com](http://www.cityofgriffin.com).

The application, with all appropriate attachments (listed below), should be delivered to the Planning & Development Services Department located at 100 S. Hill Street, 3<sup>rd</sup> Floor, Griffin, GA 30223. You may reach our office by phone at (770)233-4130 between the hours of 7:30 AM and 4:30 PM Monday thru Friday, and by fax at (770)233-2915. Please contact our office if you have any questions about this application or the Special Use Process.

#### Special Use Submission Requirements:

1. Complete Special Use Application
2. Complete Special Use Questionnaire
3. Property Owner or Owner's Representative Authorized Form
4. Conflict of Interest Disclosure
5. Site Plan or drawing of the respective development

#### CITY ACTIONS:

Planning & Development Services Staff will determine if the application is complete, assign a case number to the application, and indicate the date of receipt. The applicant will be notified in writing of the date, time and place of the required Public Hearing before the City of Griffin Board of Commissioners. It is important that a representative of the requested Special Use attend the Public Hearing.

The applicant, engineer, or other representative is responsible for obtaining copies of all applicable City of Griffin ordinances and development guidelines, codes, and regulations, and to resolve all comments received and related issues.



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR SPECIAL USE

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Project Name/Description: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Tax Map \_\_\_\_\_ Block \_\_\_\_\_ Lot Number \_\_\_\_\_

Zoning \_\_\_\_\_ Parcel(s) Size: \_\_\_\_\_ (acres or square feet)

Applicant is: Property Owner \_\_\_\_\_ Engineer: \_\_\_\_\_ Architect: \_\_\_\_\_

Realtor: \_\_\_\_\_ Other: \_\_\_\_\_

Application fee amount: \_\_\_\_\_

Paid by: \_\_\_\_\_ Check (check # \_\_\_\_\_) \_\_\_\_\_ Cash

\_\_\_\_\_ Cashier's Check \_\_\_\_\_ Other

I attest that this Special Use Application and its attachments meet all applicable requirements of the City of Griffin ordinances and development guidelines, codes, and regulations to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (or authorized representative)

Date: \_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
SPECIAL USE QUESTIONNAIRE

Date Submitted: \_\_\_\_\_ Application Number: \_\_\_\_\_

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

Address of Property: \_\_\_\_\_

Tax Map, Block and Lot Number: \_\_\_\_\_

Applicable Zoning Ordinance Section: \_\_\_\_\_

A. The following information must be submitted with the Special Use Application:

1. One (1) copy of a site plan, boundary survey, and Tax Map of the property

B. Please provide written answers to the following questions to justify a Request for Special Use:

1. What is the Special Use being requested and why is it necessary to the development of the identified property?
2. Explain the proposed ingress and egress to the property and buildings with reference to vehicular and pedestrian safety, traffic flow and emergency vehicle access; what parking is available and how will it affect adjoining streets?
3. What are the proposed days and hours of operation of the proposed use and will any outdoor lighting be utilized?
4. For uses involving public access assemblies, such as churches, auditoriums, theatres, meeting halls, restaurants and similar places, explain how the proposed use will meet the required fire, life safety and health code.
5. Detail utilities to the property and provide the names of the providers noting their location and availability (water, sanitary sewer, electric, gas, refuse, etc.)
6. What screening buffers are being proposed with reference to location, type, dimension, and character?
7. Are there any signs proposed? Please provide their location, lighting method, material type, size and compatibility with the surrounding properties.
8. Explain how the proposed use is compatible with the existing uses in the surrounding neighborhood.

9. Will the proposed use constitute a nuisance or hazard or otherwise adversely affect the public interest because of the number of people attending or using the facility, noise, fumes generated, or type of physical activity?



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

OWNER'S AUTHORIZATION

This is to certify that:

\_\_\_\_\_

(Name of Applicant, Property Owner, or other Representative)

The person named above is the Owner or Representative of the Owner holding interest in the property that is the subject of the attached application.

By execution of this form, authorization is given to the person named as "Applicant" below, acting on behalf of the owner, to file for and pursue a request for approval of the following.

\_\_\_ Rezoning

\_\_\_ Minor Site Plan

\_\_\_ Special Use Request

\_\_\_ Preliminary Site Plan

\_\_\_ Variance Request

\_\_\_ Final Site Plan/ Subdivision Plat

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature and Seal  
Commission expiration date:\_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT  
CONFLICT OF INTEREST DISCLOSURE

Have you, within the two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners, a member of the Planning & Zoning Board, or any other government official who will consider this application?

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, please complete the following section:

Name and Official Position of Government Official:

\_\_\_\_\_

Please list the Date and Amount of Contribution(s) (List all which aggregate \$250.00 or more)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date:\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant's Attorney or Representative

Date:\_\_\_\_\_

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Printed Name