



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR SPECIAL USE

Instructions for Applicant:

Please complete this form and submit any requested documents in order to complete the Special Use Application. We recommend that all development professionals conducting business in the City of Griffin purchase a copy of the City of Griffin Zoning Ordinance, Development Ordinance, and Stormwater Regulations prior to submission of this application, depending on the type of development.

The application, with all appropriate attachments (listed below), should be delivered to the Planning and Development Services Department located at 231 East Solomon Street, Griffin, GA 30223. You may reach our office by phone at 770-233-4130 between 7:30AM and 4:30PM Monday through Friday, and by fax at 770-233-4116. Please contact our office if you have any questions about this application or the Special Use process.

Special Use Submission Requirements:

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

CITY ACTIONS:

Planning and 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 Planning & Zoning Board and the City of Griffin Board of City Commissioners. It is important that a representative of the requested Special Use attend both the Planning & Zoning meeting and the Board of Commissioners 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:** _____

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 the requested 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 properties?
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 assemblies, such as churches, auditoriums, theaters, meeting halls, restaurants and similar places, explain how the proposed use will meet the required fire, life safety and health codes.
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 and 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 Request | ___ 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 City Commissioners, a member of the Planning and Zoning Board, or any other government official who will consider the application?

___ Yes ___ No

If yes, please complete the following section:

Name and Official Position of Government Official:

Please list the Date and the 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: _____

Printed Name