



Carroll County Department of Community Development

997 Newnan Rd
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

CONDITIONAL USE APPLICATION

Date Received: _____

Received by: _____

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.

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.)

PROJECT

Project Name: _____

Conditional Use Location (attach location map): _____

Proposed Use: _____

Square Footage of Proposed Residence: _____

(must be at least 1,230 square feet)

Total acreage: _____

Describe Proposed Conditional Use: _____

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:

Department of Community Development
997 Newnan Rd
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 #: _____



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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 (\$350)
- _____ Parcel Information Sheet with a Certificate of Zoning Compliance
- _____ Signed notarized affidavit
- _____ A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.
- _____ One copy of a current boundary survey along with PDF copy submitted electronically
- _____ One copy of site plan (if applicable)
- _____ Other:



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR A CONDITIONAL USE APPLICATION

_____, 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 **CONDITIONAL USE APPLICATION** 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 _____, _____.

AFFIANT (signature)

Address:

Notary Public

My Commission Expires:

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:



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Conditional Use Application

Authorization of Property Owner

THIS FORM TO BE COMPLETED ONLY IF APPLICANT AND OWNER ARE NOT THE SAME PERSON(S).

Applicant is person submitting the rezoning application. Owner is the property owner.

(Please type or legibly print)

Property Address:

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ - _____

(Owner's Name), 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 a Rezoning under the Ordinances of Carroll County:

I affirm that I am the owner of the property that is the subject of the attached application, as shown in the records of Carroll County, Georgia. I authorize the person named above to act as applicant in the pursuit of rezoning this property.

FURTHER AFFIANT SAYETH NOT.

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

This _____ day of _____, _____.

AFFIANT (Owner's signature)

Sworn to and subscribed
before me this _____ day
of _____, _____.

Notary Public

My Commission Expires:



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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.

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 6:00 PM

The Board of Commissioners will hear your request on: _____ at 6:00 PM

IMPORTANT

A Conditional Use Notice shall be placed on the subject property until after a decision is rendered in the case. Failure to maintain the sign *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to maintain its placement until after a decision has been rendered. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc.

Applicant Signature: _____

Date: _____

- * All Planning Commission meetings and Board of Commissioners meetings are held at the Historic Courthouse, 323 Newnan Street, Carrollton, GA 30117
- * Unless otherwise stated.



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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST <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			
Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
<u>APPROVED FOR NEW ADDRESS</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ <u>Comments:</u> _____	



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SKETCH OF PROPERTY

Please check:

☐

COMMERCIAL

☐

OTHER: _____

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other 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. 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: *(If a residence, must be at least 1,230 sf unless expressly approved by the Board of Commissioners)* _____

Is this a multiple road frontage lot? _____

Sketch of Property



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Conditional Use Permit Application

Application Process

