

SPECIAL USE PERMIT APPLICATION



Gwinnett County
Department of Planning & Development
Planning Division

446 West Crogan Street, Suite 250

Lawrenceville, Georgia 30046

(678) 518-6000

ONLY COMPLETE APPLICATIONS ACCEPTED

SPECIAL USE PERMIT APPLICATION

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF GWINNETT COUNTY, GA.

| APPLICANT INFORMATION | OWNER INFORMATION* |
|------------------------------------|-------------------------|
| NAME: _____ | NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| CITY: _____ | CITY: _____ |
| STATE: _____ ZIP: _____ | STATE: _____ ZIP: _____ |
| PHONE: _____ | PHONE: _____ |
| CONTACT PERSON: _____ PHONE: _____ | |
| CONTACT'S E-MAIL: _____ | |

*Include any person having a property interest and any person having a financial interest in any business entity having property interest (use additional sheets if necessary).

| APPLICANT IS THE: |
|--|
| <input type="checkbox"/> OWNER'S AGENT <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> CONTRACT PURCHASER |
| EXISTING/PROPOSED ZONING: _____ BUILDING/LEASED SQUARE FEET: _____ |
| LAND DISTRICT(S): _____ LAND LOT(S): _____ ACREAGE: _____ |
| ADDRESS OF PROPERTY: _____ |
| SPECIAL USE REQUESTED: _____ |
| _____ |
| _____ |

PLEASE ATTACH A LETTER OF INTENT EXPLAINING WHAT IS PROPOSED

SPECIAL USE PERMIT APPLICANT'S RESPONSE
STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER

PURSUANT TO SECTION 1702 OF THE 1985 ZONING RESOLUTION, THE BOARD OF COMMISSIONERS FINDS THAT THE FOLLOWING STANDARDS ARE RELEVANT IN BALANCING THE INTEREST IN PROMOTING THE PUBLIC HEALTH, SAFETY, MORALITY OR GENERAL WELFARE AGAINST THE RIGHT TO THE UNRESTRICTED USE OF PROPERTY AND SHALL GOVERN THE EXERCISE OF THE ZONING POWER.

PLEASE RESPOND TO THE FOLLOWING STANDARDS IN THE SPACE PROVIDED OR USE AN ATTACHMENT AS NECESSARY:

- (A) WHETHER A PROPOSED SPECIAL USE PERMIT WILL PERMIT A USE THAT IS SUITABLE IN VIEW OF THE USE AND DEVELOPMENT OF ADJACENT AND NEARBY PROPERTY:

- (B) WHETHER A PROPOSED SPECIAL USE PERMIT WILL ADVERSELY AFFECT THE EXISTING USE OR USABILITY OF ADJACENT OR NEARBY PROPERTY:

- (C) WHETHER THE PROPERTY TO BE AFFECTED BY A PROPOSED SPECIAL USE PERMIT HAS REASONABLE ECONOMIC USE AS CURRENTLY ZONED:

- (D) WHETHER THE PROPOSED SPECIAL USE PERMIT WILL RESULT IN A USE WHICH WILL OR COULD CAUSE AN EXCESSIVE OR BURDENSOME USE OF EXISTING STREETS, TRANSPORTATION FACILITIES, UTILITIES, OR SCHOOLS:

- (E) WHETHER THE PROPOSED SPECIAL USE PERMIT IS IN CONFORMITY WITH THE POLICY AND INTENT OF THE LAND USE PLAN:

- (F) WHETHER THERE ARE OTHER EXISTING OR CHANGING CONDITIONS AFFECTING THE USE AND DEVELOPMENT OF THE PROPERTY WHICH GIVE SUPPORTING GROUNDS FOR EITHER APPROVAL OR DISAPPROVAL OF THE PROPOSED SPECIAL USE PERMIT:

SPECIAL USE PERMIT APPLICANT'S CERTIFICATION

THE UNDERSIGNED BELOW IS AUTHORIZED TO MAKE THIS APPLICATION. THE UNDERSIGNED IS AWARE THAT NO APPLICATION OR REAPPLICATION AFFECTING THE SAME LAND SHALL BE ACTED UPON WITHIN 12 MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS UNLESS WAIVED BY THE BOARD OF COMMISSIONERS. IN NO CASE SHALL AN APPLICATION OR REAPPLICATION BE ACTED UPON IN LESS THAN SIX (6) MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS.

Signature of Applicant

Date

Type or Print Name and Title

Signature of Notary Public

Date

Notary Seal

SPECIAL USE PERMIT PROPERTY OWNER'S CERTIFICATION

THE UNDERSIGNED BELOW, OR AS ATTACHED, IS THE OWNER OF THE PROPERTY CONSIDERED IN THIS APPLICATION. THE UNDERSIGNED IS AWARE THAT NO APPLICATION OR REAPPLICATION AFFECTING THE SAME LAND SHALL BE ACTED UPON WITHIN 12 MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS UNLESS WAIVED BY THE BOARD OF COMMISSIONERS. IN NO CASE SHALL AN APPLICATION OR REAPPLICATION BE ACTED UPON IN LESS THAN SIX (6) MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS.

Signature of Property Owner

Date

Type or Print Name and Title

Signature of Notary Public

Date

Notary Seal

**SPECIAL USE PERMIT IN A
RESIDENTIAL DISTRICT**

(Only submit with Special Use Permit Application for a use within a residence)

I, the undersigned applicant, understand and agree that the Special Use Permit, if approved, shall automatically terminate in the event that this property is sold, transferred or otherwise conveyed to any other party, or the business which operates the special use is sold, transferred, otherwise conveyed or discontinued.

Signature of Applicant

Type or Print Name

Date

Signature of Notary Public

Date

Notary Seal

SPECIAL USE PERMIT CHECKLIST

The following is a checklist of information required for submission of a Special Use Permit application. The Planning and Development Department reserves the right to reject any incomplete application.

- Application Form
- Legal Description
- Boundary Survey
- Site Plan (Four (4) copies and one (1) 8-1/2" X 11" reduction)
- Standards Governing Exercise of the Zoning Power
- Letter of Intent
- Applicant Certification with Notarized Signature
- Property Owner Certification with Notarized Signature
- Conflict of Interest Certification/Campaign Contributions
- Verification of Paid Property Taxes (most recent year)
- Application Fee – make checks payable to Gwinnett County

Additional Exhibits (if required):

- Additional site plan requirements for Modified, CSO, OBP, R-SR, MUD or MUO rezoning requests
- Traffic Study
- Review Form for Development of Regional Impact
- Building Compliance Inspection

Please bring this checklist when filing for a Special Use Permit.