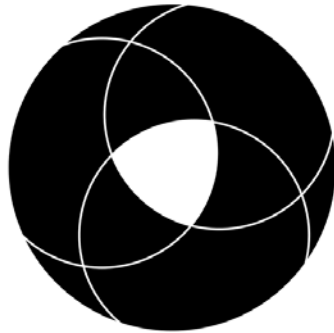


# SPECIAL USE PERMIT APPLICATION



**Gwinnett**

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**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	PROPERTY 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: _____
PARCEL NUMBER(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 REQUIREMENT OF THE UNIFIED DEVELOPMENT ORDINANCE, 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:

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

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

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(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:

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

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(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:

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**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.

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Signature of Applicant Date

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Type or Print Name and Title

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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.

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Signature of Property Owner

Date

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Type or Print Name and Title

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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.

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Signature of Applicant

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Type or Print Name

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Date

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Signature of Notary Public

Date

Notary Seal

**CONFLICT OF INTEREST CERTIFICATION FOR SPECIAL USE PERMIT**

The undersigned below, making application for a Special Use Permit, has complied with the Official Code of Georgia Section 36-67A-1, et. seq, Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

\_\_\_\_\_  
SIGNATURE OF APPLICANT                  DATE                  TYPE OR PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF APPLICANT'S                  DATE                  TYPE OR PRINT NAME AND TITLE  
ATTORNEY OR REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC                  DATE                  NOTARY SEAL

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners or a member of the Gwinnett County Planning Commission?

YES      NO \_\_\_\_\_

YOUR NAME

If the answer is yes, please complete the following section:

<b>NAME AND OFFICAL POSITION OF GOVERNMENT OFFICIAL</b>	<b>CONTRIBUTIONS (List all which aggregate to \$250 or More)</b>	<b>DATE CONTRIBUTION WAS MADE (Within last two years)</b>

Attach additional sheets if necessary to disclose or describe all contributions.

**VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR SPECIAL USE PERMIT**

THE UNDERSIGNED BELOW IS AUTHORIZED TO MAKE THIS APPLICATION. THE UNDERSIGNED CERTIFIES THAT ALL GWINNETT COUNTY PROPERTY TAXES BILLED TO DATE FOR THE PARCEL LISTED BELOW HAVE BEEN PAID IN FULL TO THE TAX COMMISSIONER OF GWINNETT COUNTY, GEORGIA. IN NO CASE SHALL AN APPLICATION OR REAPPLICATION FOR REZONING BE PROCESSED WITHOUT SUCH PROPERTY VERIFICATION.

**\*Note: A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE SPECIAL USE PERMIT REQUEST.**

**PARCEL I.D. NUMBER:**                 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Map Reference Number)                 District                 Land Lot                 Parcel

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

**\*\*\*PLEASE TAKE THIS FORM TO THE TAX COMMISSIONERS OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE, FOR THEIR APPROVAL BELOW.\*\*\***

**TAX COMMISSIONERS USE ONLY**

(PAYMENT OF ALL PROPERTY TAXES BILLED TO DATE FOR THE ABOVE REFERENCED PARCEL HAVE BEEN VERIFIED AS PAID CURRENT AND CONFIRMED BY THE SIGNATURE BELOW)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



### **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 OSC, TND, R-SR, R-TH, MU-N, MU-C, MU-R and HRR 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.**