Conditional Use Application

Applications submitted without all required attachments will be **REJECTED**.

The applicant, or a representative, capable of answering questions about the project must attend the public hearings for the request to be considered.

Failure to appear at a meeting constitutes abandonment and dismissal of the case, unless the applicant shows just cause by reason of illness or health or other emergency within a reasonable time, in writing, and accompanied by new costs for re-advertisement and hearing.
Application for a Conditional Use permit in
Pickens County, Georgia

| Conditional Use: __________________________ | Tax Map Parcel: _________________ | Acreage: ______ |
| Conditional Use For: __________________________ | _____________________________ |
| Street Address of Property: __________________________ | _____________________________ |
| Submittal Date: _________________ | Time: ______ AM / PM | Received By: _________________ |
| Planning Commission Meeting Date: __________________________ | _____________________________ |
| Commissioner Meeting Date: __________________________ | _____________________________ |

(Office Use Only)

Application is hereby made to the Pickens County Planning Commission for the purpose of requesting a conditional use permit.

(Please Print or Type)

Applicant: ____________________________________________
(The applicant and/or representative must be present at all public hearings)

Address: ____________________________________________

Property Owner: ______________________________________

Address (If different from above): __________________________

Phone Number: __________________________ E-Mail: __________________________

Agent or Legal Representative (If applicable): __________________________

Address: ____________________________________________

Phone Number: __________________________ E-Mail: __________________________

In addition, a copy of a current boundary survey indicating all existing site improvements and floodplain (if any), prepared and sealed by a valid registered architect, engineer, landscape architect or land surveyor, and a legal description of the tract must be submitted with this application. Zoning related to a major subdivision, multi family, or non-residential use or zoning district shall be accompanied by a concept plan prepared by an architect, engineer, landscape architect or land surveyor.
Property Information

Street Address: ________________________________  City  State  Zip Code

Directions to Property: _____________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Tax Map & Parcel #: ___________________________  Acreage: ______________
Land  Lot(s): _______________  District: _______________  Section: _______________
Subdivision Name: ____________________________  Lot: _______________________
Current Zoning: ____________________________  Current Use of Property: ______________
Has a conditional use permit of this property been requested in the past? __________
If yes, provide case number: ______________

Surrounding Zoning:

North: ________________________________  South: ________________________________
East: ________________________________  West: ________________________________

Property Access:

Access to the development will be provided from:

Road Name: _____________________________________________________________________

Type of Surface: ___________________________________________________________________
### Requested Action and Details of Proposed Use

Conditional Use Permit For: 

Proposed Access: 

### Residential

<table>
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<th>Number Lots:</th>
<th>Minimum Lot Size:</th>
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Restrictive Covenants?  Yes  No  

If yes, will all requirements be met?  Yes  No  

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<tr>
<th>Sewage Type:</th>
<th>Water Provider:</th>
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<table>
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<tr>
<th>Number Units:</th>
<th>Density/Acre:</th>
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### Commercial & Industrial

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<th>Building Area:</th>
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Type of Business:  

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<tr>
<th>Number of Parking Spaces:</th>
<th>Lot Size:</th>
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Please list all individuals, firms and/or corporations owning or leasing property adjacent to the subject property on all sides and across any natural or manmade boundaries (this includes roads, rivers, railroads, etc.) and place the owner’s name on the appropriate parcel on the attached survey.

**PLEASE BE ADVISED THAT RELIANCE ON TAX ASSESSOR’S RECORDS MAY NOT PROVIDE THE APPLICANT WITH THE MOST RECENT OWNERS.**

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<th>NAME</th>
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APPLICATION CERTIFICATION

I hereby request the action contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on the Board of Appeals agenda for a public hearing.

I understand that the Planning & Development staff may either accept or reject my request upon review. My request will be rejected if all the necessary data is not presented.

I understand that I have the obligation to present all data necessary and required by statute to enable the Board of Appeals to make an informed determination on my request. I will seek the advice of an attorney if I am not familiar with the zoning and land use requirements.

I understand that my request will be acted upon at the Board of Appeals hearings and that I am required to be present or to be represented by someone able to present all facts. I understand that failure to appear at a public hearing may result in the postponement or denial of my variance request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Pickens County.

Name of Applicant or Agent: ________________________________

(Please Print)

Signature of Applicant or Agent: __________________________ Date: __________

Mailing Address: ____________________________________________

City, State, Zip: ______________________________________________

Phone: __________________________ E-mail: _______________________

Signed in the presence of: __________________________________________

(Planning and Development Administration Only)

Signature: __________________________ Date: __________

WITHDRAWL

NOTICE: This section only to be completed if application is withdrawn

I hereby withdraw application # ________________________________

Signature: __________________________ Date: __________

Withdrawal of Application

Withdrawal of any application may be accommodated within the Planning & Development Office if requested before the Board of Appeals agenda is set. Therefore, withdrawals may not be made after ten (10) business days prior to the scheduled Board of Appeals meeting hearing, unless accompanied by written request stating specific reasons for withdrawal. This withdrawal request is to be published in the legal organ prior to the meeting. Following that written request and publication, the Board of Appeals will vote to remove the item from the agenda at the scheduled hearing. Please note that should the withdrawal be denied, the item will receive deliberation and public hearing with a decision by the Board of Appeals. Further, the applicant is encouraged to be present at the hearing to substantiate reasons for withdrawal. Please note that no refund of application fees will be made unless directed by the Board of Commissioners.

Revised 08/05/20
Pursuant to O.C.G.A. 36-67 A-3, any and all applications to a rezoning action must make the following disclosures:

Please indicate below if you have made a campaign contribution to any member of the Board of Commissioners of Pickens County, or any member of the Planning Commission within two (2) years immediately preceding the filing of this application aggregating $250.00 or more, or made a gift to any of the above having the aggregate value of $250.00.

Circle One

Board of Commissioners
Yes No
Planning Commission Members
Yes No

If yes to any of the above, please indicate again below to whom the donation was made, the dollar amount donated, date of donation, and if a gift, the value, and description of said gift:

Name: ______________________________ Amount/Value: ______________________________ Date: ______________________________ Description: ______________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Applicant’s Signature ______________________________ Date ______________________________

Signed and sealed in the presence of:

Notary Signature ______________________________ My Commission Expires ______________________________

Place Notary stamp here

Revised 08/05/20
PICKENS COUNTY
NOTICE OF RESIDENTIAL –
AGRICULTURAL DISTRICT (R-A)
ADJACENCY

Agricultural districts include uses of land primarily for active farming activities and result in odors, noise, dust, and other effects, which may not be compatible with adjacent development. Future abutting developers in non R-A land use districts shall be provided with this “Notice of R-A Adjacency” prior to administrative action on either the land use district to the issuance of a building or occupancy permit.

Prior to administrative action the applicant shall be required to sign this waiver which indicates that the applicant understands that a use is ongoing adjacent to this use which will produce odors, noise, dust, and other effects which may not be compatible with the applicant’s development. Nevertheless, understanding the effects of the adjacent R-A use, the applicant agrees by executing this form to waive objection to those effects and understands that his/her district change and/or his/her permits are issued and processed in reliance on his/her agreement not to bring any action asserting that the adjacent uses in the R-A district constitute a nuisance against local governments and adjoining landowners whose property is located in an R-A district.

This notice and acknowledgement shall be public record.

________________________________
Applicant’s Name (Please print)

________________________________
Applicant’s Signature

________________________________
Date

Signed and sealed in the presence of:

________________________________
Notary Signature

Place stamp/seal here

________________________________
My Commission Expires

Revised 08/05/20
SIGNAGE AFFIDAVIT

To ensure that the correct information is included on the public notice sign, Pickens County will prepare the sign for the applicant and will post the sign on the property.

It is the applicant’s responsibility to ensure that the public notice is properly maintained for the duration of the application process.

I am aware that the sign will be posted on the property.

I authorize Pickens County to post the zoning sign on my property.

________________________________
Applicant’s Name (Please print)

________________________________
Applicant’s Signature

________________________________
Date

Witness – Planning and Development Office Personnel
Application Number: ____________________

*** FOR STAFF USE ONLY ***

Variance Change #: ________________

Applicant Name: _____________________________________________

Application Fee: ________________ Date Paid: ________________

Check/Card/Cash: ________________ Receipt #: ________________

If Applicable:

_____ Interdepartmental forms submitted for review Date: ______________

_____ Georgia Mountains notified (DRI) Date: ______________

_____ Department of Transportation notified Date: ______________

_____ Adjacent property owner notices mailed Date: ______________

_____ Public Notice signs on property verified Date: ______________

_____ Legal advertisement emailed to newspaper Date: ______________

_____ Board of Appeals packets distributed Date: ______________

_____ Applicant notified of final action Date: ______________

_____ Approval or denial form placed in folder Date: ______________

_____ Board of Appeals meeting minutes in folder Date: ______________

........................................................................................................

_____ If appealed; applicant notified of date of appeal hearing Date: ______________

_____ If appealed; legal advertising date of appeal hearing Date: ______________

_____ If appealed; approval or denial form placed in folder Date: ______________

_____ Applicant notified of final action of appeal Date: ______________

_____ Board of Appeals meeting minutes in folder Date: ______________

Board of Appeals

Recommendation Date: ______________

_____ Approval  _____ Approval with stipulations  _____ Denial

If denied by Board of Appeals was the decision appealed by applicant?  _____ Yes  _____ No

Revised 08/05/20