

303 S. Hammond Drive
Suite 98
Monroe, GA 30655



(770) 267-1485
(770) 267-1407 FAX

Walton County Planning and Development

SUBMITTAL CHECKLIST For Conditional Use Application

- Application must be completely filled out.
- Name, address and phone number of all owners of the property.
(if more than one owner-attach as exhibit)
- Recorded Deed of property
- Recorded Plat of property
- Campaign contribution form
- Authorization to file if applicant is not the owner.
(must be notarized)
- Written documented, detailed analysis of the impact of the proposed zoning map amendment with respect to each of the standards and factors in Article 4, Part 4, Section 160 (B).
- 1 reduced copy of site plan (11X17)
- Letter of intent with any conditions
- Proof of Property Taxes paid on property.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Conditional Use Application # _____

Planning Comm. Meeting Date _____ at 6:00PM held at **WC Board of Comm. Meeting Room**

Board of Comm Meeting Date _____ at 6:00PM held at **WC Historical Court House**

You or a representative must be present at both meetings

*****Please Type or Print Legibly*****

Map/Parcel _____

Applicant Name/Address/Phone #

Property Owner Name/Address/Phone

(If more than one owner, attach Exhibit "A")

Phone # _____

Phone # _____

Location _____ Present Zoning _____ Acreage _____

Existing Use of Property: _____

Existing Structures: _____

Property is serviced by:

Public Water: _____ Provider: _____ Well: _____

Public Sewer: _____ Provider: _____ Septic Tank: _____

The purpose of this conditional use is: _____

The above statements and accompanying materials are complete and accurate. Applicant hereby grants permission for planning and zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Ordinance.

Signature _____

Date _____

\$ _____

Fee Paid

Public Notice sign will be placed and removed by P&D Office

Signs will not be removed until after Board of Commissioners meeting

Office Use Only:

Existing Zoning _____ Surrounding Zoning: North _____ South _____

East _____ West _____

Comprehensive Land Use: _____

Commission District: _____ Watershed: _____

I hereby withdraw the above application _____ Date: _____

Standard Review Questions:

Provide a written, documented, detailed analysis of the impact of the proposed zoning map amendment or conditional use with respect to each of the standards and factors specified in Section 160 listed below:

Conditional Use Permit Criteria

- 1) Adequacy of the size of the site for the use contemplated and whether or not adequate land area is available for the proposed conditional use;
- 2) Compatibility with adjacent properties and with other properties in the same zoning district;
- 3) Adequacy of the public street on which the use is proposed to be located and whether or not there is sufficient traffic-carrying capacity for the use proposed so as not to unduly increase traffic and create congestion in the area;
- 4) Ingress and egress to the subject property and to all proposed buildings, structures, and uses thereon, with particular reference to pedestrian and automotive safety and convenience, traffic flow and control, and access in the event of fire or other emergency;
- 5) Whether or not the proposed use will create unreasonable adverse impacts upon any adjoining land use by reason of noise, smoke, odor, dust, or vibration generated by the proposed use;
- 6) Whether or not the proposed use will create unreasonable adverse impacts upon any adjoining land use by reason of the manner of the hours of operation of the proposed conditional use;
- 7) Whether or not the proposed use will create unreasonable adverse impacts upon any adjoining land use by reason of the manner of operation of the proposed use;
- 8) Whether the length of time for which the conditional use permit is granted should be limited in duration;
- 9) Whether or not the size, scale and massing of proposed buildings are appropriate in relation to the size of the subject property and in relation to the size, scale and massing of adjacent and nearby lots and buildings.
- 10) Whether the proposed plan will adversely affect historic buildings, sites, districts, or archaeological resources; and
- 11) Whether or not the proposed plan will have an unreasonable adverse impact on natural resources or environmentally sensitive areas, including floodplains, wetlands, prime plant or animal habitat, or other similar features of unique value to the character of Walton County.

Disclosure of Campaign Contributions

In accordance with the Conflict of Interest in Zoning Act, O.C.G.A., Chapter 36-67A, the following questions must be answered:

Have you the applicant made \$250 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application?

_____yes _____ no

If the answer is yes, you must file a disclosure report with the governing authority of Walton County showing:

1. The name and official position of the local governing authority in Walton County to whom the campaign contribution was made.
2. The dollar amount and description of each campaign contribution made during the two years immediately preceding the filing of this application and the date of each such contribution was made.

This disclosure must be filed when the application is submitted.

Signature of Applicant/Date

Check one: Owner _____ Agent _____

**AUTHORIZATION
BY PROPERTY OWNER**

I swear that I am the property owner of the property which is the subject matter of the attached Petition for Rezoning/Conditional Use Application, as is shown in the records of Walton County, Georgia.

I authorize the named below to act as Applicant in the pursuit of a Petition for Rezoning/Conditional Use Application.

Name of Applicant: _____

Address: _____

Telephone: _____

Location of Property: _____

Map/Parcel Number: _____

Current Zoning: _____ Requested Zoning: _____

Property Owner Signature

Property Owner Signature

Print Name: _____

Print Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Personally appeared before me and who swears that the information contained in this authorization is true and correct to the best of his/her knowledge.

Notary Public

Date