



Department of Community Development

Application for Special-Conditional Use

CASE # _____

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. Also, please note the required information requested on the back of this page.

Date of Application: _____

Project Name: _____

Conditional Use Location: _____

Proposed Use: _____

Square Footage of Site: _____

Assessor's Parcel Number: _____

Describe Proposed Conditional Use: _____

APPLICANT INFORMATION

Applicant Name _____ Company Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address: _____

AGENT INFORMATION (if Applicable)

Agent's Name _____ Company Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address: _____

Owner Name (If different from applicant):

Owner's Name _____ Company Name _____

Mailing Address _____ Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone # _____ Alternate Phone # _____ Fax # _____

Email Address: _____

*(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application, if applicable.) ***N/A for Case SU-2011-01.***

The procedure for approval of a Special/ Conditional Use Permit
Generally, the process involves review by the Zoning Administrator and the Planning Commission with a final review and decision by the City Council.

I, _____, hereby state that all of the above statements and statements contained in the documents submitted with this application are true.

Signature of Applicant Date

Required Materials to Accompany the Application:

The Community Development Director may waive informational requirements upon finding that the information is not required to determine compliance with City of Temple Zoning requirements.

1. 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.
2. A site development plan prepared in conformance with all application requirements; **(N/A)**
3. A written statement describing the following:
 - a. The proposed use;
 - b. The effect the proposed development may have on surrounding properties and a statement of the facts indicating that the proposed change will not be detrimental to the general public interest and the purposes of this Code;
 - c. Whether such change is consistent with the intent and the purpose of this Code and the goals and policies of the Comprehensive Plan;
 - d. The areas that are most likely to be directly affected by such change and the likely effects;
 - e. Whether the proposed amendment is made necessary because of changed or changing social values, new planning concepts, or other social or economic conditions in the areas and zoning districts affected.

4. Any other exhibits as may be required by the Community Development Director.

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:

**Applicant means any individual or business entity (corporation, partnership, limited partnership, firm enterprise, franchise, association, or trust) applying for rezoning or other action.*

Council/Planning

Commission Member

Name

Dollar amount of

Campaign Contribution

Description of Gift \$250 or greater given to Board Member

Has the applicant made, within two (2) years immediately preceding the filing of this application for rezoning, campaign contributions aggregating \$250 or more or made gifts having in the aggregate a value of \$250 or more to a member of the Temple City Council or Planning Commission who will consider the application?
Yes _____ No _____

If Yes, the applicant and the attorney representing the applicant must file a disclosure report with the City within ten (10) days after this application is first filed. Please supply the following information that will be considered as the required disclosure:

We certify that the foregoing information is true and correct, this _____ day of _____, 2011.

Applicant's Name –

Printed Signature of Applicant

Applicant's Attorney, if applicable –

Printed Signature of Applicant's Attorney

Sworn to and subscribed before me this _____ day of _____, 2011.

Notary Public

(For Office Use Only)

CHECKLIST:

- Application Filed with Department
- Location map
- Staff review for completeness
- Public Hearing schedule
- Public Notification (Ad and Sign posted)

Planning Commission Hearing

- Within 45 days of filing complete application
- Consideration of staff, applicant and public testimony

City Council Public Hearing

- Within 45 days of PC action
- Consideration of PC action and staff, applicant and public testimony

Total Amount Paid \$ _____ Cash _____ Check # _____ Received by: _____

Application checked by: _____ Date: _____

Map/Parcel Number(s): _____

Planning Commission: Approved /Denied Date: _____ Conditions: No/ Yes
How many: ___ / ___

City Council Decision: Approved/ Denied Date: _____ Conditions: No/ Yes
How many: ___ / ___

Zoning Administrator Signature: _____ Date: _____

City Council Action:
