

CONDITIONAL USE PERMIT
Department of Community Development
City of Tifton, Georgia

Staff Section

Application Number: _____ **Date Submitted:** _____

Name of Subject Property Owner: _____

Name of Applicant if different from Property Owner: _____

(If applicant differs from owner, notarized written permission of owner must be attached hereto. See PG 11)

Address of Applicant: _____

Telephone: Home/Cell: _____ Work: _____

Subject Property Description:

Land Lot(s): _____ **District:** _____ **Section:** _____

Frontage (feet): _____ **Depth (feet):** _____ **Area:** _____ (acres/square feet)

Street Address/Road Name: _____

Tax Property Record Card ID# (obtained from Tax Assessor's Office): _____

The subject property deed is recorded in Book _____, Page _____, in the office of the Clerk of Superior Court, Tift County.

IMPORTANT: A Plat or Survey which accurately depicts property and legal description of the subject property must be submitted with application. A completed application will include fees in the amount of \$200.00. The Department of Community Development will not accept any applications that do not provide all of the information. Applications must be turned in no later than four weeks prior to the regularly scheduled meeting. The Planning and Zoning Commission meets once per month on the second Monday.

A. Conditional Use Information

Applicants for Conditional Use shall complete and provide the following minimum information. Additional information may also be required by the Zoning Administrator:

The current zoning of the property is _____. (Include any Conditional or Planned Development Overlays that exist. Community Development will assist with this.)

The current use of the property is _____ and requesting change to a use of _____.

1. Reason for requested conditional use: (Be specific. Attach additional pages if needed.)

Any prior zoning request on this property? Yes _____ No _____

IF yes: Name of Applicant: _____

Application No: _____

Date of Public Hearing: _____

2. Notice requirements of Section II shall be completed.

3. Disclosure form in Section III shall be completed by owner, applicant, and all representatives.

4. The following shall be completed:

a. Submit One (1) copy of a plat, drawn to scale, showing north arrow land lot and district, the dimensions, acreage and location of the tract, and existing and intermediate regional floodplains and structures, as shown on the Federal Emergency Management Agency FIRM rate maps for the City of Tifton, prepared by an architect, engineer, landscape architect or land surveyor whose state registration is current and valid. The preparer's seal shall be affixed to the plat. The plat shall also indicate the neighboring property owners by number, as listed below (See Section II).

b. Submit a copy of recorded covenants or restrictions, if applicable.

c. Submit a copy of the Tax Property Record Card for the parcel from the Tax Assessor's Office. (For Office Use Only)

d. Provide any supplementary plans supporting the application. This may including building plans showing use, site plans, and any other information showing compliance with the City of Tifton, Code of Ordinances for the requested change.

5. Complete Standards for the Exercise of the Zoning Power in Section B below.

(Please contact the Department of Community Development for application deadline information 229-391-3950)

B. STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER

Applicants for conditional use, should answer these questions. Attach more pages if needed:

(1) What is the existing land uses of the subject property?

(2) What is the existing land uses of surrounding properties?

(3) Is the subject property land use consistent with the current zoning?

(4) Does the existing zoning negatively impact the value of the property? Please explain.

(5) Does the property have any reasonable economic use as currently zoned?

(6) If the property is vacant, how long has it been vacant?

(7) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?

(8) Will the proposed zoning adversely affect the use of adjacent or nearby properties?

(9) Will the requested zoning result in a use of which could cause an excessive or burdensome use of existing streets, transportation, facilities, utilities, or schools?

(10) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?

(Please contact the Department of Community Development for application deadline information 229-391-3950)

SECTION II. PUBLIC NOTICE

FOR CONDITIONAL ZONING, NOTICE MUST BE PROVIDED to all individuals, firms and/or corporations owning property adjoining the subject property on all sides, including across any road, street or railroad right-of-way, ACCORDING TO THE RECORDS OF THE TAX ASSESSOR ON THE DATE OF THIS APPLICATION. The notice shall include a plat of the property, the purpose of the application, the current zoning and land use classification, the proposed zoning and land use classification, and the date, time, and location of the hearing.

LETTERS TO ALL ADJOINING PROPERTY OWNERS SHALL BE MAILED NO LESS THAN 15 DAYS PRIOR TO THE PLANNING AND ZONING COMMISSION HEARING BY FIRST CLASS MAIL.

IF THE APPLICATION IS NOT COMPLETE, THE APPLICATION SHALL BE DEEMED OUT-OF-ORDER AND THE APPLICATION WILL NOT BE PROCESSED.

List all adjoining property owners: (Print Legibly)

<u>NAME</u>	<u>ADDRESS</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
12) _____	_____

Indicate property owned by above on copy of plat attached to application. (Attach additional sheets if necessary)

SECTION IV. OATH AND FEES

All applicants are to complete the following:

I hereby swear that all above information is true and correct to the best of my knowledge.

Sworn and subscribed before me,
this ____ day of _____, 20__.

PRINTED Name of Applicant

SIGNATURE of Applicant

Notary Public
My Commission expires: _____

Date

Applicants should be present at both the Planning Commission Hearing and the City Council’s Hearing.

This application and the accompanying fee must be submitted to the City of Tifton, Department of Community Development Administrative Assistant. Applications shall not be accepted without the applicable fee.

(Please contact the Department of Community Development for application deadline information 229-391-3950)

<p>CITY OF TIFTON STAFF ANALYSIS APPLICATION FOR ZONING DECISION (FOR STAFF USE ONLY)</p>
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Are there prior application or decisions applicable to the subject property? _____

Notice: Date of Public Meeting before Planning Commission: _____

 Date of Public Hearing before Mayor and Council: _____

 Sign Posted: _____

 Published Notice: _____

 Is the application and notice in order to move forward? YES/NO

1. Current Zoning and Use of Subject Property

2. Current Zoning and Use of the Neighborhood

3. Requested Zoning and Use of the Subject Property

4. Department/Agency Review (attach any supporting documents)

Roads:

Water:

Sewer:

Fire:

Police:

5. Standards for Exercise of Zoning Power

(1) What are the existing land uses and zoning classifications of nearby property?

(2) Is the property suitable for the uses and purposes that it is currently zoned?

(3) Does the existing zoning negatively impact the value of the property?

(4) Does the existing zoning promote the health, safety, morals or general welfare of the public?

(5) What hardship does the existing zoning put on the property owner?

(6) Does the property have any reasonable economic use as currently zoned?

(7) If the property is vacant, how long has it been vacant?

(8) Is the proposed zoning classification suitable with the use and development of adjacent and nearby properties?

(9) Will the proposed zoning adversely affect the use of adjacent or nearby properties?

(10) Is the zoning proposal consistent with the comprehensive plan?

(11) Will the requested zoning result in a use which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?

(12) Are there other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal?

6. Further Comment and Recommendations:

Staff analysis performed by:

By: _____

Title: _____

Date: _____

AGENT'S CERTIFICATION

For this purpose of this application, I(we) hereby appoint the following named individual(s) as our duly authorized agent(s):

Owner(s)

Agent(s)

Address

Address

Telephone Number

Telephone Number

Cell Number

Cell Number

Email

Email

Date

Date

Sworn and subscribed by me

Sworn and Subscribed by me

Notary Public

Notary Public

This _____ day of _____, 20__.

This _____ day of _____, 20__.

This table shows the uses affected by Conditional Zoning. All new rezoning is subject to conditions placed upon the base zoning.

ZONING DISTRICTS: P - Permissible S - Permissible Subject to Supplemental Standards Blank - Prohibited	SA	R20	R14 R12 R10	R8	MR	RP	NC	GB	CD	WLI	HI
	LAND USES:										
2-4 Nursing Home				S/C 4.03.1 1	S/C 4.03.1 1		S/C 4.03.1 1				
3.Group Quarters											
Boarding or Rooming House	S 4.03.2 2			S/C 4.03.2 2	S/C 4.03.2 2		S 4.03.2 2	S 4.03.2 2	S 4.03.2 2		
5. Non-Residential Uses											
5-1 Adult Establishments and Uses	S/C 4.03.2 1									S/C 4.03.2 1	S/C 4.03.2 1
5-5 Animal Hospital							S/C 4.03.0 3	S 4.03.0 3		S 4.03.0 3	S 4.03.0 3

5-11 Cemeteries	S/C 4.09.2 5							S/C 4.09.2 5			
ZONING DISTRICTS: P - Permissible S - Permissible Subject to Supplementa l Standards Blank - Prohibited	SA	R20	R14 R12 R10	R8	MR	RP	NC	GB	CD	WLI	HI
5-14 College or University - Public	P	C	C	C	P		P	P			
5-19 Dry Cleaning Plant										S/C 4.03.1 2	S 4.03.1 2
5-23 Freezer Locker/ Ice Storage							C	P		P	P
5-26 Funeral Home						S/C 4.03.1 9	S/C 4.03.1 9	S 4.03.1 9			
5-30 Greenhouses and Plant Nurseries	P							P	C	P	P
5-31 Gunsmith	P	C	C	C	C	P	P	P	P	P	P
5-38 Junk Yard or Salvage Yard											S/C 4.03.0 5

5-40 Laboratory - Medical						C	P	P	P		
ZONING DISTRICTS: P - Permissible S - Permissible Subject to Supplementa l Standards Blank - Prohibited	SA	R20	R14 R12 R10	R8	MR	RP	NC	GB	CD	WLI	HI
5-41 Landfill, Sanitary, or Incinerator											C
5-41A Inert landfill										C	P
5-49 Mini- storage Facility (Self- storage Facility)								S 4.03.1 6		S/C 4.03.1 6	S 4.03.1 6
5-50 Mobile and Manufacture d Home Sales Lots								C		C	
5-51 Nightclub or Lounge								C	C		
5-54 Parking Lot or Garage - Commercial							C	P	P	P	P

5-55 Pawn Shop							C	P	P		
5-59 Printing, Binding, and Similar Service Store							C	P	P	P	P
ZONING DISTRICTS: P - Permissible S - Permissible Subject to Supplemental Standards Blank - Prohibited	SA	R20	R14 R12 R10	R8	MR	RP	NC	GB	CD	WLI	HI
5-63 Recreation Centers - Public	S 4.03.2 0	S/C 4.03.2 0	S/C 4.03.2 0	S/C 4.03.2 0	S 4.03.2 0	S 4.03.2 0	S 4.03.2 0	S 4.03.2 0	S 4.03.2 0		
5-65 Recreation - Commercial Intensive (such as racetracks)	S/C 4.03.2 4									S/C 4.03.2 4	
5-74 Storage Yard for Contractor Supplies and Materials									C		C P
5-75 Studios - Art, Dance, Music, Photography							C	P	P	P	

5-80 Travel Trailer or RV Park	S 4.03.0 8 (b)					S/C 4.03.0 7		S 4.03.0 8 (b)			
ZONING DISTRICTS: P - Permissible S - Permissible Subject to Supplemental Standards Blank - Prohibited	SA	R20	R14 R12 R10	R8	MR	RP	NC	GB	CD	WLI	HI
5-81 Utility Substation	P						C	P		P	P
5-83 Vehicle Sales, Repair, Paint, Rebuilding, Includes Utility Trailers							S/C 4.03.1 8	S 4.03.1 8		S 4.03.1 8	S 4.03.1 8
5-85 Veterinary Clinic	S 4.03.0 3						S/C 4.03.0 3	S 4.03.0 3		S 4.03.0 3	S 4.03.0 3
5-86 Warehouse or Wholesale Distribution Center without Retail Sales										P	P