

Community Development Department 5047 Union Street ~ Union City, GA 30291 Phone (770) 515-7950 * Fax (770) 306-6861 www.unioncityga.org

Conditional Use Application

Instructions: Please complete the following form and submit all the required items. **The fee for a Conditional Use Review is \$100.00** and must be submitted with your request. **This application will not be processed if any required item is not provided.**

Upload your completed form to:

https://unioncityga.portal.iworq.net/portalhome/unioncityga Please make your payment online when submitting your application https://unioncityga.governmentwindow.com/payer_login.html

	Completed application forms – all information required of the applicant must be provided and must be printed clearly or typed
	Current land survey by a certified surveyor involved drawn to scale of at least $1'' = 16'$. The plan shall contain the following elements:
	 Vicinity map showing project location, north arrow, graphic scale & date Property boundary lines, with bearings & distances Existing roads, streets, highways, & respective right-of-way widths on or adjacent to property Existing buildings, structures, and facilities on development property and adjacent property All existing utility lines or easements on or adjacent to the property
	Documentation providing proof that the Conditions listed on Page 2 are met. This documentation may be included in the above survey.
	A letter of intent indicating how the property is to be used. Said letter shall be as detailed as necessary to clearly describe the proposed site development.
	Legal description of the subject property
	\$100.00 Application Fee
Ар	plicant Name:
Ad	dress:
Phone #:FAX #:	
Em	nail address:
ls a	applicant the Property Owner: □Yes □ No
(if	yes, filling out the Property Owner Authorization on page 3 is not required)
Su	bject Property Address:
Sq	uare Footage of Building:Acreage:
Ta	x Identification #·

Current zoning for the property:	
Approval is requested for the following Conditional Use:	

CONDITIONS

e Submitted:	Accepted by:		
OFFICE USE ONLY			
,			
Notary Public			
is day of	, 20		
worn to and subscribed before me			
Applicant			
Ibmitted are true and correct, to the be	est of my knowledge and	belief.	
FFIDAVIT hereby depose and say that all ab	ove statements and at	cached statements and/or o	exhibits
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PROPERTY OWNER AUTHORIZATION

The undersigned is the owner of the property which is the subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of a conditional use for permit for the property. Subject Property Address: Applicant Name: Applicant Telephone: _____Applicant FAX: _____ Applicant Email: _____ Owner Name: _____ Owner Telephone: ______ Owner FAX: _____ Owner Email: I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Fulton County, Georgia. Signature of Owner Personally appeared before me Who swears the information contained in this authorization is true and correct to the best of their knowledge and belief. Sworn to and subscribed before me this ______, 20_____

Notary Public