

City of Dawsonville
Planning and Zoning Department
 415 Highway 53 East, Suite 100
 Dawsonville, GA 30534
 Phone: (706) 203-4923

**Conditional Use
 Permit**

Application # CUP _____

Application for: Conditional use in zoning district _____

Applicant Name: _____ Company: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Owner Name(s): _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Exact Location and Description of Subject Property:

Address: _____ Lot # _____

Present Zoning: _____ TMP# _____

Present and/or Proposed Use of Property: _____

Requirements:

- A completed signed application by applicant and property owner.
- A detailed Letter of Intent of your request for a conditional use of the zoning district and shall address the criteria specified in.
- Provide supporting maps, survey's and/or documents requested by Planning Director.

FEE SCHEDULE

Conditional Use	\$300.00
Administrative Fee	\$100.00
Public Notice Certified Mail	**per adjacent property owner

***price is determined by USPS*

Office Use Only	
Date Completed Application Rec'd:	Amount Paid: \$ CK Cash CC
Date of Planning Commission Meeting:	Dates Advertised:
Date of City Council Meeting:	Rescheduled for next Meeting:
Date of City Council Meeting:	Approved by City Council: YES NO
Approved by Planning Commission: YES NO	Postponed: YES NO Date:



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Property Owner Authorization

I / We _____ hereby swear that I / we own the property located at (fill in address and/or tax map & parcel #) _____

_____ as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by the request.

I hereby authorize the person(s), or entity(ies) named below to act as the applicant or agent in pursuit of the rezoning requested on this property. I understand that any rezone granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within 6 months from the date of the last action by the City Council.

Printed Name of Applicant or Agent _____

Signature of Applicant or Agent _____ **Date** _____

Address _____

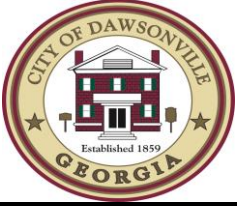
City _____ State _____ Zip _____

Sworn and subscribed before me on this _____ day of _____ 20____

 Notary Public, State of Georgia

My Commission Expires: _____

Notary Seal



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It is the responsibility of the applicant to provide a list of adjacent property owners. This list must include the name and address of anyone who has property touching your property or who has property directly across the street from your property. (Use additional sheets if necessary)

****Please note**** This information should be obtained at the Planning Office using the Tax Map Parcel Map listing any parcel(s) adjoining or adjacent to parcel where rezone is being requested.

TMP # _____ 1. Name(s): _____
 Address: _____

TMP # _____ 2. Name(s): _____
 Address: _____

TMP # _____ 3. Name(s): _____
 Address: _____

TMP # _____ 4. Name(s): _____
 Address: _____

TMP # _____ 5. Name(s): _____
 Address: _____

TMP # _____ 6. Name(s): _____
 Address: _____

TMP # _____ 7. Name(s): _____
 Address: _____
