



SPECIAL USE APPLICATION FORM

134 S. Oak Street
Jackson, Georgia 30233
Phone - 770-775-7535 Fax - 770-775-8051

Property Owner:

Name: _____ **Phone Number:** _____

Mailing Address: _____

Email Address: _____

Application:

Name: _____ **Phone Number:** _____

Property Information:

Name of Development (If Applicable):

Property Address:

Has there been any previous request for this property? ____YES ____ NO
If yes, when, what type of request, and was the request approved or denied?

Supporting Information: ***Please include the following items with the application.***

1. A Letter of intent for the requested special use of the property listed.
2. Proof of ownership.
3. Site or concept plan. (Please indicate the distances from the property lines in these plans and building materials).

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by City of Jackson. I also fully understand any application will be returned by the Zoning Administrator if not 100% complete.

Signature of Owner

Date

Signature of Applicant

Date

Signature of Witness

Date

Signature of Agent

Notary

My commission expires

(For Office Use Only)

Received By _____

Checked By _____

Date Filed _____

Residential Special Use: _____ Or Commercial Special Use: _____

Fee Paid for Residential Special Use: \$ 100.00 Receipt number: _____

Fee Paid for Commercial Special Use \$400.00 Receipt number: _____

Zoning of the property _____

Lot Size _____ acres(s) Map # (s) _____

City Council meeting to be held on _____

