

SPECIAL EXCEPTION APPLICATION



Paulding County Community Development Department Planning & Zoning Division

**Watson Government Complex
Administration Building – 2nd Floor
240 Constitution Blvd
Dallas, GA 30157
770-443-7601**

ONLY COMPLETE TYPED APPLICATIONS ACCEPTED

APPLICATION FORM (PLEASE TYPE)

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name of Authorized Agent _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name(s) of Titleholder(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Present Zoning District(s) _____ Requested Zoning District _____ Acreage _____

Future Development Map Designation _____

Tax Parcel I.D. Number(s) _____

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

Location of property _____

Nearest intersections, (i.e. east/ west side of given road, and south/north of given road) and address if available

Special Exception Requested _____

REQUIREMENTS FOR COMPLETING SPECIAL EXCEPTION APPLICATIONS

Paulding County UDO Chapter 230, Section 230-30 provides for Special Exception Uses which are “A use that, owing to some special characteristics attendant to its operation or installation, is permitted in a district subject to review and sign off by the Zoning Administrator or his or her designee that the site-specific requirements for maintaining such special exception use are met, and subject to special requirements, as set forth in the specific zoning district section. The Zoning Administrator or his or her designee shall maintain a written record of such review and sign off, which shall be a public record.”

- ☐ A completed **TYPED application form** signed by the owner and the applicant (if applicable)
- ☐ **Letter of Intent** filed by the application indicating specifically how the property is to be used. Said letter shall be detailed as necessary to clearly describe the proposed site development.
- ☐ A **current land survey and legal description**, prepared by a certified surveyor drawn to scale of at least 1" = 16' containing the following:
 - Vicinity map showing project location, north arrow, graphic scale and date
 - Property boundary lines, with bearings and distances
 - Existing roads, streets, highways and respective right-of-way widths on or adjacent to property
 - Proposed buildings, structures and facilities on development property
 - All existing utility lines or easements on or adjacent to the property
- ☐ **Specified Conditions** – provide documentation that conditions enumerated in UDO Section 230-30 are satisfied. This documentation may be included in the required survey.

CONDITIONS

Please list the conditions for the specific conditional use requested and identify how the conditions are met. (Type in or Attach)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

If there are more than eight conditions, please attach an additional sheet with list of conditions.

AFFIDAVIT

I HEREBY DEPOSE AND SAY THAT ALL ABOVE STATEMENTS AND ATTACHED STATEMENTS AND/OR EXHIBITS SUBMITTED ARE TRUE AND CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

APPLICANT OR AUTHORIZED AGENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ , _____

NOTARY PUBLIC

AUTHORIZATION OF TITLEHOLDER

I, _____, being duly sworn upon his/her oath, being of sound mind and legal age, deposes and states that he/she is the owner of the property which is subject of this application, as is shown in the records of Paulding County, Georgia.

He/she authorizes the person named below to act as applicant in the pursuit of a request for Special Exception.

I hereby authorize the staff of Paulding County Planning & Zoning Division to inspect the premises which are subject of the application.

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Name(s) of Titleholder(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature of Titleholder(s) _____

Signed, sealed and delivered in the presence of:

_____ My Commission Expires _____

Notary Public

***A SEPARATE AUTHORIZATION OF TITLEHOLDER IS REQUIRED
TO BE COMPLETED BY EACH TITLEHOLDER***