

CITY OF WINDER
PLANNING DEPARTMENT
PO BOX 566
WINDER, GA 30680
(770) 867-3510

APPLICATION FOR CONDITIONAL USE FROM THE ZONING RESOLUTION
COST: \$100.00

Please complete this application and submit with all necessary attachments as stated below (type or print using black ink).

APPLICANT INFORMATION

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Contact Person _____
Phone _____

PROPERTY OWNER INFORMATION

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____
Contact Person _____
Phone _____

APPLICANT IS THE:

_____ **Owner's Agent** _____ **Property Owner** _____ **Contract Purchaser**

Address of Property _____

Building Permit Number (if construction has begun) _____

Subdivision or Project Name _____ Lot/Block _____

Zoning Classification _____

Please attach a plat unless located in a recorded subdivision.

Conditional Use Requested:

Please attach a letter of intent explaining what use is proposed and include your justification for the CONDITIONAL USE.

****A Conditional Use cannot be processed unless all necessary information is submitted with the application.**

****A variance from a condition of zoning cannot be accepted.**

APPLICANT CERTIFICATION

I, the undersigned, do hereby certify that I am the applicant making application and all information contained herein is believed to be true and accurate.

Signature of Applicant / Date

Typed or Printed Name and Title

Signature of Witness / Date



OWNER CERTIFICATION

I, the undersigned, do hereby certify that I am the property owner or property owner's authorized agent making application and all information contained herein is believed to be true and accurate.

Signature of Property Owner / Date

Typed or Printed Name and Title

Signature of Witness / Date



FOR CITY OF WINDER USE ONLY

Date Received _____ Received by _____

Fee _____ Receipt # _____

_____ Approved _____ Disapproved By _____ Date _____

Justification: _____