

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
- $\Box$  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

Applicant Name:	_				
Address:					
Phone #:	FAX #:				
Email address:					
Is applicant the Property Owner: $\Box$ Yes $\Box$ No					
(if yes, filling out the Property Owner Authorization on page 3 is not required)					
Subject Property Address:					
Square Footage of Building:	Acreage:				
Tax Identification #:					

# CONDITIONS

Please list the conditions for the specific conditional use requested and identify how the conditions are met. If there are more than ten conditions, please attach an additional sheet with list of conditions.

1.	

## 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 my knowledge and belief.

			1	
Applicant				
Sworn to and subscribed before me				
this day of	, 20	-		
Notary Public				

FOR OFFICE USE ONLY		
Date Submitted:	Accepted by:	
Fee Paid:		
Page 3 of 4	Union City Conditional Use Application	Revised 10/13/2021

### **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 Email:
Owner Name:
Owner Telephone:
Owner FAX:

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.

Owner Email:

Sworn to and subscribed before me

this \_\_\_\_\_\_ , 20\_\_\_\_\_

Notary Public