



Department of Development Services
205 Lawrence Street
Marietta, GA 30060
Phone: 770-794-5440
Rusty Roth, AICP, Director

APPLICATION FOR SPECIAL LAND USE PERMIT

(Owner/Applicant/or Representative must be present at all public hearings)
(NOTE: CORRESPONDENCE IS HANDLED VIA EMAIL UNLESS OTHERWISE REQUESTED)

For Office Use Only:
Application#: _____ Legistar#: _____ PZ #: _____
PC Hearing: _____ CC Hearing : _____ BZA Hearing: _____

Planning Commission/City Council

Board of Zoning Appeals

Owner's Name _____

EMAIL Address: _____

Mailing Address _____ Zip Code: _____ Telephone Number _____

COMPLETE ONLY IF APPLICANT IS NOT OWNER:
Applicant: _____
EMAIL Address: _____
Mailing Address _____ Zip Code: _____
Telephone Number _____ Add'l Email Address: _____

Address of property for which special land use is requested:

Date of Acquisition: _____

Land Lot (s) _____ District _____ Parcel _____ Acreage _____ Zoned _____ Ward _____ FLU _____

List the special land use permit requested (please attach any additional information):

- Required Information
1. Application fee: Board of Zoning Appeals (\$250) or Planning Commission/City Council (\$500)
2. Completed notarized application. The original application must be submitted with ALL original signatures - Copies of the application or signature(s) will NOT be accepted.
3. Legal description of property. Legal description must be in a WORD DOCUMENT.
4. Site plan: One copy scaled to an 8 1/2" X 11" size. If larger than 11" x 17", will need 25 copies. Site plan must be drawn to scale prepared by an architect, engineer, (P.E. or Civil Engineer), whose state registration is current and valid.
5. Copy of current tax bill showing payment or documentation certified by the City of Marietta Tax Office.

Note: The Department of Development Services reserves the right to obtain additional information that reasonably may be required in order that an informed decision may be made.

OVER

FINANCIAL INTEREST

The **Applicant** herein certifies that he/she has has not a financial interest in the property which is ten percent (10%) or more.

Applicant Print Name

Signature of Applicant

OWNER/ APPLICANT CERTIFICATION

- The Owner **or** Applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the Applicant’s knowledge and belief. Should any portion not be true, then the application may be rejected.
- Penalty for false or fraudulent statement: Whoever, in any matter, knowingly and willingly falsifies or makes any false, fictitious or fraudulent statement of representatives concerning this application shall be denied the request stated in this application.
- The Owner or Applicant hereby gives permission to enter on the property for inspection during the time application is pending.
- **CAMPAIGN CONTRIBUTIONS:** The Owner **and** Applicant herein certify that he/she has has not made campaign contributions or gifts aggregating \$250.00 or more to the Mayor, any member of Council or any member of the Planning Commission within the two (2) years preceding the filing of the this application.

Applicant Signature (if not the Owner)

Please Print

Owner Signature

Please Print

Mailing Address

Date

Signed, sealed and delivered in the presence of:

My Commission Expires:_____

Note: Owner, Applicant or Representative must be present at meeting in order for case to be heard.