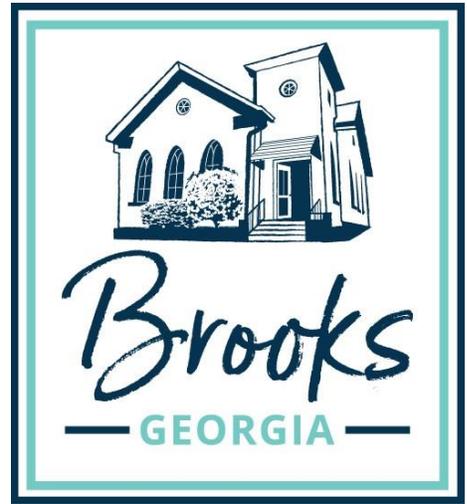


CONDITIONAL USE PERMIT APPLICATION



Date Received _____

APPLICANT INFORMATION

APPLICANT NAME (PLEASE PRINT) _____

ADDRESS _____

PHONE _____ CELL _____ FAX _____

E-MAIL ADDRESS _____

OWNER INFORMATION (If different from Applicant)

PROPERTY OWNER (PLEASE PRINT) _____

ADDRESS _____

PHONE _____ CELL _____ FAX _____

E-MAIL ADDRESS _____

PROPERTY INFORMATION

ADDRESS _____

CURRENT USE _____ CURRENT ZONING _____

PROPOSED USE _____ SIZE OF PROPERTY _____

PRE-APPLICATION MEETING

A pre-application meeting with the Town Manager is required prior to submission of any application. Please contact the Town Hall at 770.719.7666 or mungaro@brooksga.com to schedule a pre-application meeting.

FEE

The application fee for a conditional use permit is \$175. Applications will not be accepted until they are deemed complete and the application fee is paid. Incomplete applications will be returned to the applicant; payment of fee will not be accepted until the application is complete. Fee shall be paid to the Town of Brooks in the form of **cash, check, money order or credit card.**

FILING DEADLINE

Applications must be received and fees must be paid no later than thirty (30) calendar days prior to the meeting at which the conditional use permit application will be considered.

PUBLIC NOTIFICATION

The Town of Brooks is responsible for notifying the public of the Conditional Use Permit applied for. The notification shall include:

- 1) An ad will be run in the local newspaper listing the hearing dates for the CUP.
- 2) A sign will be posted on the subject property at least 15 days before any hearing date.

COUNCIL HEARING

Conditional use permit requests must be decided at a public hearing before Mayor and Council. The applicant must attend the public hearing to present the application and respond to questions from the Council. Mayor and Council meet the third Monday of each month, except for January when they meet on the fourth Monday. Applicants will be notified via email and/or phone call of the date of the public hearing.

(For Office Use Only)	
Total Amount Paid \$ _____	Received by: _____
Application checked by: _____	Date: _____
Pre-application meeting: _____	Date: _____

APPLICANT AFFIDAVIT

Personally appeared before me _____ who on oath deposes and says
(Print applicant's name)
that the information on the application is true to the best of his/her knowledge and belief:

Notary Public

Signature of Applicant

Date

Print Name

Address

City, State, Zip

OWNER'S AFFIDAVIT

Personally appeared before me _____ who on oath
(Print owner's name)
agrees with the above request and states that the information on the application is true to the best of his/her
knowledge and belief.

Notary Public

Signature of Applicant

Date

Print Name

Signature of City Clerk

Address

Date

City, State, Zip