

# SPECIAL USE PERMIT APPLICATION



**Gwinnett**

Department of Planning & Development  
Planning Division

446 West Crogan Street, Suite 300

Lawrenceville, Georgia 30046

**(678) 518-6000**

**ONLY COMPLETE APPLICATIONS ACCEPTED**

## **SPECIAL USE PERMIT CHECKLIST**

### **Please submit this checklist when filing for a Special Use Permit**

The following is a checklist of information required for submission of a Special Use Permit application. The Planning and Development Department reserves the right to reject any incomplete application.

- Pre-Application Meeting Minutes
- Application Form
- Boundary Survey Including Existing Conditions
- Legal Description
- Site Plan
- Letter of Intent
- Standards Governing Exercise of the Zoning Power
- Applicant Certification with Notarized Signature
- Property Owner Certification with Notarized Signature
- Conflict of Interest Certification/Campaign Contributions
- Verification of Paid Property Taxes (Signed by Tax Commissioners Office)
- Application Fee (Fees will be invoiced once the application is deemed complete)

### **Additional Exhibits (if applicable):**

- Traffic Impact Study
- Sewer Capacity Certification
- Public Participation Plan
- Building Elevations
- Floor Plans
- Phasing Plan (MU-N, MU-C, MU-R)
- Review Form for Development of Regional Impact

**SPECIAL USE PERMIT APPLICATION**

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF GWINNETT COUNTY, GA.

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____	Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____
Contact Person: _____ Phone: _____ Contact's Email: _____	
<p style="text-align: center;"><b>APPLICANT IS THE:</b></p> <input type="checkbox"/> OWNER'S AGENT <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> CONTRACT PURCHASER	
Existing/Proposed Zoning District(s): _____ Parcel Number(s): _____ Acreage: _____ Property Address(es): _____ Proposed Development: _____ Variance(s): _____ Waiver(s): _____ Building/Leased Sq. Ft.: _____ Floor Area Ratio: _____	

**STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER**

Pursuant to requirements of the United Development Ordinance, the Board of Commissioners finds that the following standards are relevant in balancing the interest in promoting the public health, safety, morality, or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use attachment as necessary:

- (A) Whether a proposed special use permit will permit a use that is suitable in view of the use and development of adjacent and nearby property:

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- (B) Whether a proposed special use permit will adversely affect the existing use or usability of adjacent or nearby property:

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- (C) Whether the property to be affected by a proposed special use permit has reasonable economic use as currently zoned:

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- (D) Whether the proposed special use permit will result in a use which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools:

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- (E) Whether the proposed special use permit is in conformity with the policy and intent of the Unified Plan and Future Development Map:

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- (F) Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the proposed special use permit:

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**SPECIAL USE PERMIT APPLICANT’S CERTIFICATION**

The undersigned below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of last action by the Board of Commissioners.

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Signature of Applicant

Date

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Type or Print Name and Title

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Signature of Notary Public

Date

Notary Seal

**SPECIAL USE PERMIT PROPERTY OWNER'S CERTIFICATION**

The undersigned below, or as attached, is the owner of the property considered in this application. The undersigned is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of last action by the Board of Commissioners.

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Signature of Property Owner Date

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Type or Print Name and Title

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Signature of Notary Public Date Notary Seal



**VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR SPECIAL USE PERMIT**

The undersigned below is authorized to make this application. The undersigned certifies that all Gwinnett County property taxes billed to date for the parcel listed below have been paid in full to the Gwinnett County Tax Commissioner. In no case shall an application or reapplication for special use permits be processed without such property verification.

**A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE SPECIAL USE PERMIT REQUEST.**

**Parcel I.D. Number:** \_\_\_\_\_  
(Map Reference Number)

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Type or Print Name and Title

**PLEASE TAKE THIS FORM TO THE TAX COMMISSIONERS OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE. THIS FORM MUST BE SIGNED BY A REPRESENTATIVE OF THE TAX COMMISSIONER'S OFFICE.**

**TAX COMMISSIONERS USE ONLY**

Payment of all property taxes billed to date for the above referenced parcel has been verified as paid current and confirmed by the signature below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date