

Fee: <u>\$200</u>	
Amount Paid:_	
Date:	

City of Brunswick
Planning, Development, & Codes Department
601 Gloucester Street
Brunswick, Georgia, 31520

CONDITIONAL USE

pro Ap late	pvided. The City of Brunswick does not accept incomplete applications. plications must be submitted to the Planning, Development, & Codes Department no er than 20 days prior to the regularly scheduled meeting of the Planning and Appeals emmission. The PAC meets the second Wednesday of each month.
	Completed Application
	Survey/Lot Inspection Report/Vicinity or Aerial Map
	Proof of property ownership OR proof of legal authorization from property owner
	Construction Plan or Site Plan that details the operations that will take place on site
	Letters of approval for any existing Variances, Special Use Permits, or Rezone (Text Amendment) Requests. (STAFF WILL COMPILE)
	Written narrative that provides information about the use of the site and the requested variance. This should include the following (if applicable): Ingress/Egress to the site, off-street parking and loading locations, buffering or screening of open yard storage, hours of operation, or details specific to the particular use that are unique to the property.

The Planning, Development & Codes Department highly recommends arranging a meeting with staff prior to the submission of an application. Should you have questions or wish to arrange a meeting please contact City Planning at (912) 267-5527



CITY OF BRUNSWICK, GEORGIA CU

CONDITIONAL USE PERMIT APPLICATION

THIS APPLICATION MUST BE FILED WITH THE PLANNING, DEVELOPMENT & CODES DEPARTMENT 20 DAYS BEFORE THE PLANNING AND APPEALS COMMISSION MEETING AT WHICH IT WILL BE HEARD. THE BRUNSWICK PAC WILL HOLD AT LEAST ONE PUBLIC HEARING AND MAKE A RECOMMENDATION ABOUT YOUR REQUEST WITHIN 65 DAYS OF THE DATE YOU FILE A COMPLETE APPLICATION. THE CITY COMMISSION WILL THEN ISSUE OR DENY THE PERMIT. YOU ARE ENCOURAGED TO READ SECTION 23-26-2 OF THE ZONING ORDINANCE REGARDING CONDITIONAL USE PERMITS. A **\$200 FEE** IS REQUIRED FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

	TO BE COMPLETED BY THE APPLICANT
1.	YOUR NAMEPHONE NUMBER
	ADDRESS EMAIL:
2.	THE PLANNING DIRECTOR INFORMED ME THAT A SPECIAL USE PERMIT IS REQUIRED AT THE TIME I
	APPLIED FOR: CHECK ONE () BUILDING PERMIT () A ZONING AMENDMENT (REZONING)
3.	STREET ADDRESS
	PARCEL NOLot NoZONING MAP NO
4.	DRESENT 70NING
5.	OWNER OF PROPERTY, IF NOT YOU: NAME
	OWNER OF PROPERTY, IF NOT YOU: NAMEPHONEPHONE
6.	PROPOSED USE OF PROPERTY
7.	PLEASE ATTACH A SIMPLE MAP SHOWS THE NAMES OF ALL ADJACENT PROPERTY OWNERS AND
	THE TYPES OF EXISTING LAND USES WITHIN 300 FEET OF YOUR PROPERTY.
	SIGNATURE DATE
	TO BE COMPLETED BY THE PDC DIRECTOR OR DESIGNEE
1.	
1. 2.	HAS THE CORRECT FEE BEEN PAID? () YES () NO AMOUNT \$
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