



Department of Development Services
205 Lawrence Street
Marietta, GA 30060
Brian Binzer, AICP, Director

APPLICATION FOR SPECIAL LAND USE PERMIT

(Owner/Applicant/or Representative must be present at all public hearings)

For Office Use Only:

Application#: \_\_\_\_\_ Legistar#: \_\_\_\_\_ PZ #: \_\_\_\_\_

PC Hearing: \_\_\_\_\_ CC Hearing : \_\_\_\_\_ BZA Hearing: \_\_\_\_\_

Planning Commission/City Council

Board of Zoning Appeals

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

COMPLETE ONLY IF APPLICANT IS NOT OWNER:

Applicant: \_\_\_\_\_

Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_ 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

**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, Planning Commission, or Board of Zoning Appeals within the two (2) years preceding the filing of the this application.

\_\_\_\_\_  
Signature of Owner

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**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.

\_\_\_\_\_  
Print Name

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

**OWNER/APPLICANT CERTIFICATION**

- The Owner/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/Applicant hereby gives permission to enter on the property for inspection during the time application is pending.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Signed, sealed and delivered in the presence of:

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_