File # _____

Conditional Use Application

Applicant Information

Applicant _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____

Property Ownership

Property Owner(s)_____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____

Contact Person

Contact Person(s)_____

Telephone (____)_____ Fax (____)_____E-mail_____

* All staff correspondence will be sent only to one designated contact person.
* Addresses and telephone numbers do not have to be repeated if provided above.

Request

Location address_____

Current Zoning _____Present use_____

Provide a brief description of proposed use on subject property. Describe those things, which you feel justify the action requested. List the specific sections of the Zoning Ordinance which have a bearing on your request:

_____

Description of the activities, # of units and hours of operation of the proposed conditional use:

_____

A proposed starting date of land disturbance or construction, date of completion for all improvements and use opening or date of first occupancy:

_____

A list of activities undertaken by the developer and subsequent occupant to mitigate all adverse impacts upon the surrounding properties before, during and after the completion of development activities:

_____

Conditional Use Application *(cont.)*

Filing Requirements

* This application will not be processed until ***ALL*** of the following items are submitted *

- ☐ Filing fee (see scheduled fees). Make checks payable to the City of Pooler.
- ☐ A preliminary site plan which includes items (1),(2), (3) and (6) of Appendix A, Article V, Section 4 (c)
- ☐ A list of activities undertaken by the developer and subsequent occupant to mitigate all adverse impacts upon the surrounding properties before, during and after the completion of development activities.
- ☐ Submit one copy if 11" x 17" or smaller, 16 copies if larger.
- ☐ Signed and dated Campaign Contributions and acceptance of conditional standards.
- ☐ Authorization of property owner signed, dated and notarized. (page 3)

Adjacent Property Owners

Name, address & zip codes of surrounding property owner's primary residence within a radius of 200 ft. of the property as of the date of filing. Include those directly across a public right-of-way. Use an additional sheet if necessary. (***Required***)

_____ _____

_____ _____

_____ _____

_____ _____

Campaign Contributions

Have you made campaign contributions to one or more Pooler City Official(s), including any member(s) of the Planning Commission, during the past two years that when combined, total an amount greater than $250.00?

☐ * No. I have not made campaign contributions to any Pooler City Official(s). (***Please sign below at the ****)

☐ * Yes. I have made campaign contributions to one or more Pooler City Official(s). (***Please sign below at the ****)

City Official	Title	Dollar Value	Description of gift

* ***Signature:***_____ ***Date:***_____

If more space is needed for campaign contributions attach another copy of this form.

Signature & Date

I attest that all the information provided is true to fact:_____

(Applicants Signature)

Date:____/_____/_____

Attest:_____

(Zoning Administrator or Agent thereof)

Application Status

This portion to be completed by Zoning Administrator

- Hearing date has been set for:_____
- Notice published in newspaper on:_____(15 days prior to hearing date)
- Letters of notification mailed to adjacent property owners on:_____
- This action was approved_____ or denied _____(copy of minutes disposing of this action attached)
- Notification of the results of this action mailed to applicant on:_____
- Sign Posted: _____