

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 _____ <p style="text-align: center; font-size: small;"> * 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. </p>
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.)

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

- Filing Requirements**
- 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)

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: _____