

**APPLICATION FOR  
CONDITIONAL USE**

**Fee: \$300  
(due upon submission)**



**The City of Senoia**  
P.O. Box 310  
Senoia, GA 30276  
(770) 599-3679

Name of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

(Attach additional page if there is more than one owner)

Address of Property \_\_\_\_\_

Zoning Classification: Present \_\_\_\_\_

Use of Property: Present \_\_\_\_\_ Requested \_\_\_\_\_

Explain in the space below or on a separate sheet the proposed conditional use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach the following documents:

1. Written legal description of the property (copy of deed) – full metes and bounds description rather than plat reference.
2. Plat showing property lines and lengths and bearings, adjoining streets, locations of existing buildings, north arrow and scale. Submit 3 copies if the plat is 11” x 17” or smaller. Submit 1 pdf of the plat.
3. List of adjacent property owners
4. If property owner and applicant are not the same, Authorization by Property Owner Form or Authorization of Attorney Form shall be required.
5. Letter of Intent including conceptual plans.

I hereby authorize the staff of City of Senoia to inspect the premises of the above – described property. I hereby depose and say that all statements herein and attached statements submitted are true and correct to the best of my knowledge and belief.

Sworn to subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Notary Public

**Planning Commission Action:**

Date of Hearing: \_\_\_\_\_

Commission's Recommendation: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mayor and Council of the City of Senoia:**

Date of Hearing: \_\_\_\_\_

Council's Decision: \_\_\_\_\_

Conditions required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION OF PROPERTY OWNER**

I swear that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Coweta County, Georgia.

I authorize the person named below to act as Applicant in the pursuit of rezoning or a variance of this property.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

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

Personally appeared before me

\_\_\_\_\_  
Who swears that the information  
Contained in this authorization is  
True and correct to the best of  
His or her knowledge and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**AUTHORIZATION OF ATTORNEY**

I swear that as an attorney at law, I have been authorized by the owner to file the attached application.

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Signature of Attorney

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Name

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Address

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City      State      Zip Code

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Telephone Number