

APPLICATION FOR A SPECIAL USE PERMIT
TO THE CITY OF BUFORD
BOARD OF COMMISSIONERS

Please complete this application and submit with all necessary attachments. (Please type or print.)

APPLICANT _____
ADDRESS _____
_____ ZIP _____

PROPERTY OWNER _____
ADDRESS _____
_____ ZIP _____

PHONE NUMBER _____

PHONE NUMBER _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

ADDRESS OF PROPERTY: _____

UNINCORPORATED GWINNETT COUNTY: YES ___ NO ___ CITY OF BUFORD: YES ___ NO ___

LAND DISTRICT _____ LAND LOT _____ PARCEL _____ ZONING DISTRICT _____

SUBDIVISION NAME _____ LOT/BLOCK NUMBER _____

(Please attach a TYPED legal description unless located in a recorded subdivision.)

SPECIAL USE PERMIT REQUESTED: _____

NEED FOR SPECIAL USE PERMIT _____

I hereby certify that the above information is true and correct under penalty of law.

Signature

Date

BOARD OF COMMISSIONER USE ONLY

ACTION TAKEN _____

SIGNATURE _____ DATE _____

PLANNING DEPARTMENT USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ RECEIPT # _____ FEE _____

CASE # _____ MAP REFERENCE NUMBER _____ DATE OF HEARING _____

SPECIAL USE PERMIT INFORMATION

The following items are necessary in order to process a special use application:

1. APPLICATION FORM:

- a. Answer all questions.

2. APPLICATION FEE

A non-refundable application fee is due at the time of application for a special use permit. The application fee is **\$800.00** for all special use permits under all zoning classifications.

3. LEGAL DESCRIPTION:

- a. Must be typed

4. SITE PLAN and copy of BOUNDARY SURVEY

- a. All documents related to the application in order for the Board of Commissioners to render a decision are necessary.

All special use applications are reviewed by the Planning and Zoning Board of the City of Buford and the Buford City Commissioners.

1. A special use application is submitted to the Planning Department.
2. The Planning and Zoning Board reviews the application and makes both an oral and a written recommendation. This recommendation is then forwarded to the Board of Commissioners of the City of Buford.
3. The Planning Commission reviews the facts in the case at their scheduled meeting. A recommendation is made. This recommendation is forwarded to the Board of Commissioners. The Planning and Zoning Board meet on the 2nd Tuesday night of each month at 7:00 p.m. in the Commission Meeting Room at Buford City Hall.
4. Legal notice is printed in the Official News Organ of the City of Buford. This notice appears in the Gwinnett Daily Post at least 15 days before all public hearings. This legal notice will appear in the Thursday edition for Gwinnett County and Friday edition for Hall County.
5. A public hearing sign is erected on the property at least 15 days before all public hearings. This sign will be erected by the City of Buford.
6. The Buford City Commissioners meet on the 1st Monday night of each month. This meeting is held at 7:00 p.m. at Buford City Hall at 2300 Buford Highway.

7. WITHDRAWALS:

The applicant may withdraw such application without prejudice only until such time as the legal advertisement of a public hearing thereon is placed. No application shall be allowed to be withdrawn under any circumstances after public notice of the public hearing has been placed.

8. REFUNDS:

If any application is withdrawn before legal advertisement, a full refund will be made.

9. RE-APPLICATION:

A re-application for rezoning may not be heard for 12 months from the date of approval or denial by the Board of Commissioners of the City of Buford.

SPECIAL USE APPLICANT'S RESPONSE

STANDARDS GOVERNING EXERCISE OF THE ZONING POWER

Pursuant to section 1702 of the 2000 City of Buford Zoning Ordinance, the commissioners find that the following standards are relevant in balancing the interest in promoting the public health, safety, morality, or general welfare against the right to the unrestricted use of property and shall govern the exercise of the zoning power.

Please respond to the following standards in the space provided or use an attachment as necessary.

- (A) Whether the zoning proposal will permit a use that is suitable in view of the use and development of adjacent and nearby property:

- (B) Whether the zoning proposal will adversely affect the existing use or usability of adjacent or nearby property:

- (C) Whether the property to be affected by the zoning proposal has a reasonable economic use as currently zoned:

- (D) Whether the zoning proposal will result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities or schools:

- (E) Whether the zoning proposal is in conformity with the policy and intent of the land use plan:

- (F) Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal:

VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR
SPECIAL USE PERMIT

The undersigned below is authorized to make this application. The undersigned certifies that all City of Buford property taxes billed to date for the parcel listed below have been paid in full to the City of Buford. In no case shall an application or reapplication for a special use permit be processed without such property verification.

- NOTE: A separate verification form must be completed for each tax parcel included in the rezoning request.

Parcel I.D. Number: _____ District _____ Land Lot _____ Parcel _____
(Map Reference Number)

Signature of Applicant Date

Type or Print Name

CITY OF BUFORD TAX DEPARTMENT USE ONLY

(Payment of all property taxes billed to date for the above referenced parcel have been verified as paid current and confirmed by the signature below)

Name _____ Title _____

Date _____

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the City of Buford Board of Commissioners.

_____ (yes/no)

Signature of Applicant

Date

Type or Print Name

If the answer is yes, please complete the following section:

Name and Official position of government official	Contribution (list all which aggregate to \$250 or more)	Date contribution was made (within last two years)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets if necessary to disclose or describe all contributions.

SPECIAL USE PERMIT CHECKLIST

The following is a checklist of information required for submission of a rezoning or Special Use Permit application. The Planning and Development Department reserves the right not to accept any incomplete applications.

- _____ Application Form
- _____ Legal Description
- _____ Boundary Survey
- _____ Site Plan (Four (4) copies and one (1) 8 ½ x 11 reduction)
- _____ Standards Governing Exercise of the Zoning Power
- _____ Letter of Intent
- _____ Conflict of Interest Certification/Campaign Contributions
- _____ Verification of Paid Property Taxes (most recent year)
- _____ Application Fee – Make checks payable to City of Buford
(see fee schedule for correct amounts)

Please bring this checklist when filing for Rezoning/Special Use Permit.