# CONDITIONAL USE PERMIT APPLICATION

**Planning & Zoning** 2635 Talley Street Decatur, GA 30030 Phone 404-377-6198 Fax 404-378-5054



Before submitting this application, you must schedule a pre-application conference with the Zoning Administrator to discuss the procedures, standards and regulations required for approval. Attach a plat of the property drawn to scale and showing property lines, locations and heights of existing and proposed buildings and other structures, locations of all driveways and parking/loading areas, a north arrow, and any other information required to demonstrate conformance with the standards for the specific conditional use requested. Please provide one to-scale copy of all plans, as well as one copy of all plans in an  $8\frac{1}{2}$ " x 11" format. If the applicant is not the current property owner, provide a notarized authorization for this application from the current property owner.

Address of property	Decatur, GA 30030
Name of applicant	Phone
Address	City/state/ZIP
Email	
Name of property owner	Phone
Address	
Major amendment to existing conditional use permit	New conditional use permit request
Existing zoning	Use requested

Please answer all of the following questions on a separate sheet.

1. How would the proposed use be suitable in view of the use and development of adjacent and nearby property?

2. How is the proposed use consistent with existing zoning requirements?

- 3. What adverse affects does the proposed use have on the existing use or usability of adjacent or nearby property?
- 4. To what extent will or could the proposed use cause an excessive or burdensome use of existing streets, transportation facilities, utilities or other public facilities?
- 5. Describe how the proposed ingress and egress to the subject property is adequate. Include an evaluation of the traffic impact of the proposed use relative to street capacity and safety of public streets and nearby pedestrian uses.
- 6. What impact will the proposed use have on established property values and on the public health, safety, morality, comfort and general welfare of the residents of the City?

I hereby certify that the above and attached statements and documents are true to the best of my knowledge and belief.

Applicant signature \_

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For personal care home, assisted living facility and nursing home applications, I certify that I have applied for or will immediately apply for the corresponding permit or authorization for the operation of the facility from the State of Georgia Department of Community Health in accordance with its rules and regulations. I also certify that the proposed facility will meet and be operated in conformance with all applicable state and federal laws and regulations and with all codes and regulations of the City.

Applicant signature \_\_\_\_

Date

# Supplemental questions/requirements for specific uses

## Lifecycle dwelling

What impact will the proposed increase in density have in providing housing opportunities for persons and families of moderate income, the elderly, employees of public agencies, local business and similar classes?

#### Personal care home, assisted living facility or nursing home

Please attach all forms and information submitted to the State of Georgia Department of Community Health with this application. This permit will not be approved until the applicant has obtained the corresponding permit or authorization for operation of the facility from the State of Georgia Department of Community Health.

### Private K-12 school

- 1. Provide a written description of the proposed development. At a minimum, this description should include a summary of the scope and main features of the proposed development, including hours and manner of operation.
- 2. On the site plan provided with this application, please show the location of garbage disposal facilities and proposed buffers.
- 3. Describe how the site is adequate for the proposed development and use.
- 4. How are the scale and size of proposed buildings appropriate in relation to the site as well as adjacent and nearby properties?

#### **Telecommunication towers**

- 1. Please provide an inventory of the applicant's existing towers that are either within the city or within one-quarter mile of the city boundaries, including information regarding the location, height and design of each tower.
- 2. Submit evidence demonstrating that no existing tower or structure can accommodate the proposed antenna. This justification must be based on the requirements of the City of Decatur Unified Development Ordinance Section 6.4.3.B.1.C.x.
- 3. On the site plan provided with this application, please show the location of existing trees and other foliage.