



## Clayton County Planning & Zoning

121 South McDonough Street  
Jonesboro, GA 30236  
Office: 770.477.3569 Fax: 770.473.5481  
Web site: [www.co.clayton.ga.us](http://www.co.clayton.ga.us)

### CONDITIONAL USE PERMIT (CUP) APPLICATION, INSTRUCTIONS & CHECKLIST

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This application is required for all Conditional Use Permits (CUP) submittals. Incomplete applications will **not** be accepted.

#### Instructions:

All applications must be complete and submitted in accordance with the adopted Zoning Matters Schedule. Applicants are encouraged to submit complete application prior to submittal cut-off date. To avoid wait times, applicants may make an appointment for submittal. Please meet with the Department of Community Development Staff with any questions or clarifications.

#### **Application and Conceptual Plan Instructions:**

- Submittal requirements: **Completed** application, fees and supporting documentation, including but not limited to, the checklist items indicated herein.  
See last page for public hearing and TRC schedule.  
Note your submittal cycle date: \_\_\_\_\_
- Notice to Interested Parties: **Applicant** must inform surrounding parcel owners **in writing** fifteen (15) days prior to the public hearing that a Conditional Use application has been submitted.
- Department of Community Development staff provides applicant the address of the parcel owners of all surrounding properties within **300** feet of subject property **or** within two (2) parcels (whichever is greater).
  - **Applicant provides proof of mailing** – certificate of mailing or certified mail receipt – to Zoning Administrator at least seven (7) business days **prior to public hearing**.  
The letter must state the same information as the legal ad (see Instructions, attached). Failure to provide proof will lead to a tabling or postponement of applicant and will be moved to the following month's hearing cycle.  
Note your submittal date for mailing proof: \_\_\_\_\_
- Meetings and hearings: Technical Review Committee (TRC):  
Attendance required on: \_\_\_\_\_
- Community Information Meeting:  
Attendance not required but recommended; note date: \_\_\_\_\_
- See attached calendar for Zoning Advisory Group (ZAG) and Board of Commissioners (BOC) public hearings.

#### **Limitations:**

Conditional Use approvals run with the subject property. Be advised that the Clayton County Board of Commissioners (BOC) may limit conditional uses to a specific time period and/or for a specific use. The Zoning Ordinance allows two (2) years for all other applicable permitting and construction processes; applicants not exercising their Conditional Use approval within one (1) year may also be subject to termination of approval.

CUP Application Checklist:

- Completed CUP application.
- Completed property owner authorization (notarized).
- Completed campaign disclosure form.
- Affidavit describing special powers of attorney, if applicable.
- Deed of the property identifying legal ownership.
- Detailed **Letter of Intent** describing details such as, but not limited to:
  - Compliance with development standards of the ordinance.
  - Consistency with Article 13.10.
  - Written commitments, if any, the applicant will make in conjunction with the conditional use.
- Legal Description.
- Recorded survey(s) by a Georgia registered surveyor, and recorded at the Clayton County Courthouse (11x17 and 8.5x11).
- A letter verifying that proper waste disposal will be available to the property.
  - a. For proposals using septic systems, a letter from the Clayton County Board of Health shall be provided verifying that proposed conditional use makes appropriate use of the septic system and will be adequately served.
  - b. For proposals using public sewers, a letter from the Clayton County Water Authority or service provider shall be included verifying that any proposed conditional use will be served.
- Check or money order in the amount for the CUP requested, made payable to "Clayton County".
- Thirteen (13) copies of full size site plans and one (1) 8 ½ x 11 reduced copy. The scale of the plan shall not exceed 1" = 100'. Sheet size maximum is 36 x 48 inches. The Conceptual Development Plan may include any additional graphics which will explain the features of the development, but shall include the following:
  - A written description of the details of the proposed use and development details.
  - A vicinity map showing the use and zoning of adjacent properties.
  - All features and dimensions relevant to the Conditional Use requested (these depend on the conditional use requested, but may be features such as access, setbacks, parking, buffer yards).
  - Additional information as may be requested by the Zoning Administrator.



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<b>FOR STAFF USE ONLY</b>	<b>DATE/TIME STAMP</b>
Project#: _____ Filing Fee: \$_____ Received By: _____ Reviewed By: _____	
TRC Meeting date: _____	

### A. SUBMITTAL TYPE (CHECK ALL ITEMS THAT APPLY, IF ANY):

- Type II Home Occupation (see Article 6.10 (B))
- Cell Tower (requires additional Cell Tower form)
- Billboard
- Use governed by additional development standards (see Article 6)
- Other (specify) \_\_\_\_\_

### B. APPLICANT INFORMATION (REQUIRED FOR ALL APPLICANTS):

Applicant Status:  Owner  Authorized Agent

Applicant Name (Owner):		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

### C. AGENT / ATTORNEY REPRESENTATION INFORMATION (IF APPLICABLE):

Preferred Contact:  Applicant  Attorney

Applicant Name:		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

**D. PROPERTY AND USE INFORMATION (REQUIRED FOR ALL APPLICANTS):**

<b>Tax Map &amp; Parcel#(s):</b>	<b>Land Lot:</b>	<b>District:</b>
<b>Property Street Address (if different than Owner address):</b>		
<b>Zoning District:</b>		
<b>Proposed Use (reason for Conditional Use application):</b>		
<b>Description of Use, such as number of employees, operations, any proposed mitigation if needed, etc:</b>		
<b>Proposed Road Access:</b>	<b>Total number of acres:</b>	
<b>Does the subject property lie partly within or adjacent to a City border? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		

**E. APPLICANT CERTIFICATION (REQUIRED FOR ALL APPLICANTS):****PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.**

\_\_\_\_\_ 1) I hereby request the County consideration of the information contained within this application relative to the property shown on the attached plats and further request that this item be placed on the Zoning Advisory Group (ZAG) and/or Board of Commissioners (BOC) agenda for a public hearing.

\_\_\_\_\_ 2) I understand that my request will be rejected if all the necessary information and/or requirements are not presented.

\_\_\_\_\_ 3) I understand that I have an obligation to present all necessary information required by Clayton County Planning & Zoning to enable the ZAG and/or BOC to make an informed determination on my request. I will seek advice of the Department of Community Development Staff or an attorney if I am not familiar with the zoning and land use requirements.

\_\_\_\_\_ 4) I understand that my request will be acted upon at the ZAG and BOC public hearing and that I am required to be present or to be represented by the authorized representative as indicated on this application, so that someone is available to present all facts and answer questions. I understand that failure to appear at a public hearing may result in the postponement or denial of my request. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Clayton County.

\_\_\_\_\_ 5) The Clayton County Zoning Ordinance requires a public participation sign on the subject property. In order to insure that the correct information is included on the public participation sign, Clayton County Department of Community Development will prepare the sign and post the sign.

**F. PROPERTY OWNER (S) AUTHORIZATION AFFIDAVIT (REQUIRED FOR ALL APPLICANTS):  
ADD ADDITIONAL SHEETS, IF APPLICABLE.**

Notice to Applicant. This application must be signed by the owner (s) as listed on the deed of record for the subject property. Only the owner or authorized agent (i.e. applicant or representing attorney) may speak on behalf of this application at the public hearing. The undersigned hereby swear that he/she/they is/are the owner(s) of the subject property as identified on the front of this application.

I/We hereby authorize the authorized agent or attorney listed on the front of this application to speak and act on behalf of the owner (s) in pursuit of the rezoning or future land use amendment on this property. I/We realize that any action granted for this property will be binding on the property regardless of ownership.

Notary Stamp (if applicable)

Owner Name #1:		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

Signature of Owner:	Date
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Signature of Notary:	Date
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Notary Stamp (if applicable)

Owner Name #2:		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

Signature of Owner:	Date
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Signature of Notary:	Date
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Notary Stamp (if applicable)

Owner Name #3:		
Address:		
City:	State:	Zip Code:
Phone#:	Fax#:	
Email Address:		

Signature of Owner:	Date
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Signature of Notary:	Date
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**Disclosure of Campaign Contributions**  
Clayton County

Pursuant to OCGA, Section 36-67A-3(a), the following disclosure is mandatory when an applicant or any representative has made campaign contributions aggregating \$250.00 or more to a local government within two (2) years immediately preceding the filing of this application.

It shall be the duty of the applicant and the attorney representing the applicant to file a disclosure with the governing authority of the respective local government. The following questions **must** be answered:

Have you, the applicant, made \$250.00 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application? Yes  No

If the answer is yes, you must file a disclosure report with the governing authority of Clayton County showing:

1. The name and official position of the local governing authority in Clayton County to whom the campaign contribution was made.

\_\_\_\_\_  
Name and official position of the applicant/representative (Please Print)

2. The dollar amount and description of each campaign contribution made during the two years immediately preceding the filing of this application and the date of each such contribution was made.

Description of Campaign Contribution (Please Print)	\$ Dollar Amount
_____	_____

This disclosure must be filed within 10 days after the application if first filed and must be submitted to the Board of Commissioners of Clayton County at 112 Smith Street, Jonesboro, Georgia 30236.

\_\_\_\_\_  
Signature (choose one) Applicant  Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date and Seal

**SPECIAL POWER OF ATTORNEY AFFIDAVIT**

STATE OF GEORGIA  
COUNTY OF CLAYTON

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, the owner of

\_\_\_\_\_, make, constitute, and appoint \_\_\_\_\_  
Property Address and/or Tax Map ID Name of Attorney or Representative

my true and lawful attorney-in-fact, and in my name, place, and stead giving unto said \_\_\_\_\_

full power and authority to do and perform all acts and make all representation necessary, without any limitation

whatsoever, to make application for said \_\_\_\_\_.  
Type of Application

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and effect on

\_\_\_\_\_, 20\_\_\_\_, and shall remain in full force and effect thereafter until actual

notice, by certified mail, return receipt requested, is received by the Department of Community Development stating that

the terms of this power have been revoked or modified.

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

STATE OF GEORGIA:  
COUNTY OF CLAYTON:

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in my county  
and state aforesaid, by the aforementioned Principal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_