



SUP

Application for Conditional/Special Use Permit

This application must be completed in full and must be submitted with the fee, and all supplemental application materials, including Agent Authorization Form, if applicable. An incomplete application cannot be accepted for processing. For assistance or information, please contact Glynn County Planning & Zoning at (912) 554-7428.

Conditional Use
 Special Use
 Medical Hardship

Name of Project, including former name(s) _____

Description of Project _____

Address of Property _____

Location of Property _____

Parcel ID # _____

Applicant Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Surveyor Name _____ Contact _____ Address _____ Phone: _____ Email: _____
Owner Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Engineer Name _____ Contact _____ Address _____ Phone: _____ Email: _____
Agent Name _____ Contact _____ Address _____ Phone: _____ Email: _____	Architect Name _____ Contact _____ Address _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Owner or Authorized Agent ONLY



Glynn County Community Development Department

1725 Reynolds St., Suite 200

Brunswick, GA 31520

912 554-7428

www.glynncounty.org

SUPPLEMENTAL INFORMATION FOR CONDITIONAL USE/SPECIAL USE PERMIT APPLICATION

NATURE OF REQUEST

PROPOSED USE: _____

Located within a _____ Zoning District.

Being processed in accordance with Section _____ of the Zoning Ordinance.

Area of Property (square feet or acres):	Property Frontage (feet):
<input type="checkbox"/> Public OR <input type="checkbox"/> Private Street (check one)	<input type="checkbox"/> Paved OR <input type="checkbox"/> Unpaved Street Access (check one)
Water Supply Type:	Sewage Disposal Type:

REASON FOR REQUEST

DISCLOSURE

Identify all Members of the Glynn County Board of Commissioners, Glynn County Planning Commissions and Employees of Glynn County Community Development who -

(1) Have a property interest in the real property affected by this request

(2) Have a financial interest (direct ownership interest of the total assets or capital stock of a business entity where such ownership interest is more than 10%) in any business entity which has a property interest in the real property affected by this request

(3) Have a member of the family (spouse, mother, father, brother, sister, son or daughter) having a property financial interest as herein defined, in the real property affected by the request



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continued.....

CAMPAIGN CONTRIBUTION

List below the names of local government officials, the Glynn County Board of Commissioners, to whom campaign contributions were made, within two (2) years immediately preceding the filing of this application, which campaign contributions total \$250.00 or more or to whom gifts were made having a total value of \$250.00 or more

Commissioner's Name	Amount or Description of Gift
_____	_____
_____	_____

NATURE OF OWNERSHIP INTEREST

Is the Owner an: ___Individual ___Partnership ___Sole Proprietor ___Firm ___Corporation ___Association -
 Note: If a corporation, submit a list of officers, directors & major stockholders with name, address and title. If a partnership, submit list of all partners with name, address and title.

[Scan to read the Zoning Ordinance](#)





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Application for Conditional Use/Special Use Permit - Instructions

1. A completed application includes this form and all supplemental information.
2. Please fill in all lines and boxes on the form. If a section is not applicable, enter "Not Applicable" or draw a line through the section. On the first page, **please enter the name or company name under "Name" and list a contact person under "Contact."** Please also enter an email address **for each member of the applicant team** for which an email address is available - this will facilitate getting information on the progress of the application.
3. The application must be signed by the **owner of the property** or by the **authorized agent ONLY**. If the applicant is not the owner, be sure to include a completed Agent Authorization Form.
4. Note that application materials will be accepted and reviewed for completeness. If an application is incomplete, it will be held until it has been completed. The "date received" will be the date it is determined that the application is complete and eligible for processing.
5. The following items **must be provided**:
 - _____ Application Fee
 - _____ Accurate Survey
 - _____ Deed
 - _____ Tax Map
 - _____ Proposed Development Plans (Site Plan approval by the Planning Commission may be required. This may be processed simultaneously with the consideration of the application.
 - _____ Medical Hardship requires additional documentation.

GENERAL INFORMATION

Applications will be received at any time and processed as soon as review is complete. An application for a Conditional/Special Use permit must be considered at a public hearing by the appropriate Planning Commission. Applications for Special Use will also be considered at a public hearing by the Board of Commissioners. **NOTE: The owner or agent must be present at each public hearing in order for the request to be considered.** Notice of hearings will be given by posting a sign on the property, by mail to nearby property owners and by advertisement in the newspaper.

Procedures for the conduct of the public hearings, along with rules concerning deferral or withdrawal of applications can be found in Article XI of the Glynn County Zoning Ordinance. The Zoning Ordinance can be viewed online at <http://www.glynncounty.org>.