



Case No. _____

SPECIAL EXCEPTION APPLICATION

APPLICANT INFORMATION	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____
CONTACT PERSON	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax () _____ <i>(All staff correspondence will be sent only to one designated contact person.)</i> <i>(Address and telephone numbers do not have to be repeated if provided above.)</i>
REQUEST	Location Address: _____ Present Zoning _____ Most Recent Use _____ Purpose of the Exception (attach additional sheets if necessary): _____ _____ _____ _____

**FILING
REQUIREMENTS**

This application will not be processed unless the following items are submitted with it.

- Filing fee (\$80.00. Make check payable to the City of Statesboro.)
- Survey or plat showing property lines with lengths and bearings, adjoining streets, locations of existing structures, north arrow, and scale. Submit one copy if 11" x 17" or smaller. Submit eighteen copies if larger.
- Signed and notarized Disclosure of Campaign Contributions.
- Application *must* be signed by property owner(s) and signatures must be original. Additional copies of this page may be attached if necessary for additional property owners.

I/we understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance as well as all procedures and policies of the City of Statesboro Planning Commission as those provisions, procedures and policies relate to the handling and disposition of this application. I attest that the information contained in this application is true and accurate to the best of my/our knowledge.

(signature of applicant)	(printed name of applicant)	(date)
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(signature of property owner)	(printed name of property owner)	(date)
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(signature of property owner)	(printed name of property owner)	(date)
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(signature of property owner)	(printed name of property owner)	(date)
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(signature of property owner)	(printed name of property owner)	(date)
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**City of Statesboro
Planning Department
50 E. Main St., 3rd Floor
P. O. Box 348
Statesboro, GA 30459-0348
Telephone (912) 764-5468
Fax (912) 764-4691**

Rec'd by:	Date:
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