



**REQUEST FOR SPECIAL EXCEPTION  
APPLICATION NO. \_\_\_\_\_**

**AGENT/DEVELOPER INFORMATION**  
(If not owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT IS THE (Please Check One):**

\_\_\_\_\_ Owner's Agent      \_\_\_\_\_ Property Owner      \_\_\_\_\_ Developer

Acreage: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Identify the use for which you seek a Special Exception and cite the section of the Spalding County Zoning Ordinance which provides that the Special Exception may be granted:

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**OTHER REQUIRED INFORMATION**

Attach a statement describing the Special Exception and the reason you are requesting this Special Exception.

Attach 1 copy (11 x 17) of plat prepared by a Registered Land Surveyor and drawn to scale showing lot lines and location of existing structures and location of proposed structures.

Some developments (i.e. subdivisions, Church's, etc.) may require a 24 x 36 copy of the plat.

Please attach a deed, certified by the Clerk of Court, which includes a metes and bounds description of the property proposed.

Signature(s):

\_\_\_\_\_  
Agent/Developer

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Present Zoning District(s): \_\_\_\_\_

Land District(s): \_\_\_\_\_ Land Lot(s): \_\_\_\_\_

Commissioner District: \_\_\_\_\_

Overly District (If applicable): \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount of Fee: \_\_\_\_\_

Received By: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

(Amended 10/03/11)



**SPECIAL EXCEPTION APPLICANT'S RESPONSE**

Pursuant to Section 413 of the Zoning Ordinance, the Board of Commissioners of Spalding County finds that the following standards are relevant in granting a Special Exception.

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

(A) Whether granting a Special Exception would be detrimental to the use of development of adjacent properties or the general neighborhood: \_\_\_\_\_

\_\_\_\_\_

(B) Whether granting a Special Exception would adversely affect the health or safety of residents or workers: \_\_\_\_\_

\_\_\_\_\_

(C) Whether granting a Special Exception would have depreciating effects and damages to the neighboring properties that are greater than the benefits or need for the Special Exception: \_\_\_\_\_

\_\_\_\_\_

(D) Whether granting a Special Exception would adversely affect existing uses: \_\_\_\_\_

\_\_\_\_\_

(E) Whether the subject property is sufficient in size to satisfy the space requirements for the use: \_\_\_\_\_

\_\_\_\_\_

(F) Whether granting a Special Exception will meet the requirements of the Spalding County Ordinance: \_\_\_\_\_

\_\_\_\_\_



**PROPERTY OWNER'S CERTIFICATION OF  
OWNERSHIP AND ZONING COMPLIANCE**

Certification is hereby made that the undersigned own(s) at least fifty-one (51) percent of the subject property.

The undersigned certifies that the subject property is presently in compliance with the current Zoning Ordinance for Spalding County, Georgia. The undersigned is aware that an application for a Rezoning, Variance, or Special Exception will not be received unless the subject property is in compliance with the Zoning Ordinance.

The undersigned certify that the agent, if different from the owner, is authorized to file this application.

\_\_\_\_\_  
Print Name of Owner(s)

\_\_\_\_\_  
Print Name of Agent, If Not Same as Owner

\_\_\_\_\_  
Signature of Owner(s)                      Date  
or Signature of Authorized Officer or Agent  
(if applicable)

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Title of Authorized Officer or Agent (if applicable)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

- - -Notary Seal- - -



### **REQUIREMENTS FOR SPECIAL EXCEPTION**

- Please attach a deed, certified by the Clerk of Court, which includes a metes and bounds description of the property proposed.
- Other requirements will be delineated by staff.

(Revised 01/18/00)



**Spalding County Fee Schedule:**

**Appeal from Action of Administrative Officer:**      \$ 300.00

**Variance:**      \$ 300.00

**Special Exception:**      \$ 500.00

**Multiple Parcel Rezoning:** Multiple parcel rezoning of contiguous tracts will be allowed so long as all tracts are to be rezoned to the same zoning classification. All applicants owning property which is subject to the application are deemed to consent to rezoning of their property and to rezoning of any and all other tracts included within the Application. The following fees shall apply to multiple parcel rezoning applications: (#A-99-08 – 09/07/99; #A-00-11 - 07/17/00)

**A. Parcel 1** - \$750.00

**B. Parcel 2-5** - \$150.00 each, in addition to the fees stated in A; and

**C. Parcels 6+** - \$100.00 each, in addition to the fees stated in A and B.