

# City of Port Wentworth Special Use Permit Application

*Please type or print legibly. Attach additional sheets, if necessary, to fully answer any of the following sections. Incomplete applications will not be scheduled for required hearings until deficiencies are corrected. Submit completed application and required documentation to the Development Services Department at 7306 Highway 21, Suite 301, Port Wentworth GA 31407. A Pre-Development Meeting with Development Services will be required prior to accepting the application. Application must be filed 20 business days prior to the Planning Commission meeting at which they are to be considered.*

**1. Subject Property**

Street Address(es): \_\_\_\_\_

Property Identification Number(s) (PINs) (Attach a boundary survey, recorded or proposed plat, tax map or scaled plot plan to identify the property boundary lines:  
\_\_\_\_\_

Total acreage of subject property: \_\_\_\_\_

Existing land use(s): \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

**2. Application History**

Have any previous applications been made for a special use permit?  Yes  No

If yes, please provide date of previous application: \_\_\_\_\_

**3. Special Use Permit Review Criteria**

Describe the purpose of the requested special use permit. Please refer to review standards in Sec 14.40 of the City of Port Wentworth Zoning Ordinance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Property Owner Information**

Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**5. Applicant Information, if different from Property Owner (requires a Letter of Authorization Form)**

Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**6. Items Require to be Submitted with this Application.**

- A. Filing Fee. The non-refundable filling fee must be paid at time of submittal with either a Check, made payable to The City of Port Wentworth, or credit card. Fees are subject to change.
- B. Survey. A scaled or dimensioned boundary survey, tax map, plot plan, or sketch showing the subject property.
- C. Legal Description. A legal description of the land by lot, block, and subdivision designations, or if none, by metes and bounds.
- D. Disclosure of Campaign Contributions and Gifts form.
- E. If property owner and applicant are not the same, Authorization of Property Owners Form.
- F. Electronic copy (PDF) of entire submittal package on either a Flash Drive or digital download emailed to designated representative.
- G. List of adjacent property owners within 300 feet of subject property. Include Names, PIN #'s and Mailing Address.

**7. Certified Application**

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next submittal deadline. I hereby authorize the staff of the City of Port Wentworth to inspect the premises of the subject property. I understand that the approval of an application for a Special Use Permit by the Mayor and Council does not constitute a waiver from any applicable local, state, or federal regulations.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Applicant

**AUTHORIZATION OF PROPERTY OWNER**

I swear that I am the owner of the property which is the subject matter of the attached application, as is shown in the records of Port Wentworth, Georgia.

I authorize the person named below to act as applicant in the pursuit of a variance or for the rezoning of this property.

Name of Applicant: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Personally appeared before me

\_\_\_\_\_

who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

(Required by Title 36, Chapter 67A, Official Code of Georgia Annotated)

Reference: Application filed on \_\_\_\_\_, 20\_\_\_\_\_, for a Special Use Permit for the property described as follows:

Withing the two years preceding the above filing date, the applicant has made campaign contributions aggregating \$250.00 or more to each member of the City Council of the City of Port Wentworth who will consider the application and is listed below. List (1) the name and official position of the local government official and (2) the dollar amount, description and date of each campaign contribution.

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I hereby depose and say that all statements herein are true, correct and complete to the best of my knowledge and belief.

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Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public