



PUTNAM COUNTY PLANNING & DEVELOPMENT

117 Putnam Drive, Suite B ♦ Eatonton, GA 31024

Tel: 706-485-2776 ♦ 706-485-0552 fax ♦ www.putnamcountyga.us

2024 P&Z PUBLIC HEARING SCHEDULE

DATE	DAY	TIME	APPLICATION SUBMITTAL DEADLINE
January 4, 2024	Thursday	6:30 pm	November 2, 2023
February 1, 2024	Thursday	6:30 pm	December 7, 2023
March 7, 2024	Thursday	6:30 pm	January 3, 2024
April 4, 2024	Thursday	6:30 pm	February 1, 2024
May 2, 2024	Thursday	6:30 pm	March 7, 2024
June 6, 2024	Thursday	6:30 pm	April 4, 2024
July 4, 2024	Thursday	6:30 pm	May 2, 2024
August 1, 2024	Thursday	6:30 pm	June 6, 2024
September 5, 2024	Thursday	6:30 pm	July 3, 2024
October 3, 2024	Thursday	6:30 pm	August 1, 2024
November 7, 2024	Thursday	6:30 pm	September 5, 2024
December 5, 2024	Thursday	6:30 pm	October 3, 2024



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CRITERIA FOR CONDITIONAL USE

As stated in the Putnam County Zoning Code of Ordinances, Section 66-157(b), Required Findings for Conditional Use Approval:

- *Conditional use permits.* If a use is not permitted in any zoning district, the planning and zoning commission may hear and recommend a conditional use permit approval application as submitted according to the rezoning process. In granting such a conditional use permit, the planning and zoning commission may attach thereto such conditions regarding the location, character and other features of the proposed building, structure or use as it may deem advisable so that the purpose of this chapter will be served, public safety and welfare secured, and substantial justice done. Conditional use permits shall be issued to the applicant solely, are not transferrable, and shall extinguish upon cessation of such activity for a period of twelve months. Conditional uses permits may be renewed by application by successive owners or operators.
- **Incomplete applications will not be processed.**



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APPLICATION CONDITIONAL USE

PLAN 202-_____

Application Information

(same as owner Yes B[] No [])

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Arterial/State Road. Yes: _____ No: _____

Briefly describe the proposed conditional use: _____

Existing zoning district classification of the property and adjacent properties:

Existing:_____ North:_____ South:_____ East:_____ West:_____

Property Information

Address: _____

Map: _____ Parcel: _____

Presently Zoned: _____ Com. District: _____

Total Acreage: _____

In Conservation Use: Yes [] No []

State Waters on Property: Yes [] No []

SUPPORTING INFORMATION ATTACHED TO APPLICATION:

RECORDED PLAT: _____ LETTER OF AGENCY _____ LETTER OF INTENT _____

COPY OF WARRANTY DEED: _____

Source of domestic water supply: well _____, community water _____, or private provider _____. If source is not an existing system, please provide a letter from provider. Provision for sanitary sewage disposal: septic system _____, or sewer _____. If sewer, please provide name of company providing same, or, if new development, provide a letter from sewer provider.

*SIGNATURE OF APPLICANT: _____ DATE: _____

*APPLICANT HEREBY AFFIRMS THAT APPLICANT IS THE PROPERTY OWNER OR HAS THE LEGAL AUTHORITY TO SIGN THIS FORM ON OWNER'S BEHALF, AND APPLICANT AGREES TO INDEMNIFY AND HOLD PUTNAM COUNTY/CITY OF EATONTON HARMLESS IN THE EVENT IT IS DETERMINED APPLICANT DOES NOT HAVE SUCH LEGAL AUTHORITY.

DATE FILED _____	FEE: \$ 245.00	CK. NO. _____	CASH _____	C. CARD _____	INITIALS _____
RECEIPT # _____					
DATE OF NEWSPAPER AD: _____			DATE SIGN POSTED: _____		
PLANNING & ZONING HEARING: _____			RESULT: _____		
COMMISSIONERS'/CITY COUNCIL HEARING: _____			RESULT: _____		



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OWNER AUTHORIZATION

Submission of inaccurate information may be cause for denial of the request or, if discrepancies are realized after the approval for the petition or issuance of the relevant local permits, cause for the revocation of the approval and any related permits by the Board of Commissioners. The following documents must be submitted with this application prior to the application deadline. **Incomplete applications will not be accepted.**

1. Payment of appropriate fee (please make checks payable to Putnam County Planning & Development)
2. Recorded plat of property.
3. Concept plan or site plan drawn to scale.
4. Written description of your request in letter format, addressed to Putnam County Planning & Development.
5. All required criteria (attached) must be addressed in the written description.

The documents listed above are the minimum requirements. Staff may require additional documentation depending on the nature of the Variance Request. All submitted documents are public records and subject to Opens Records Law.

I have reviewed the application procedures and all applicable criteria and regulations in the Putnam County Zoning Ordinance for the above requested Variance Request. I hereby claim that this application fulfills said procedures and meets the criteria for approval.

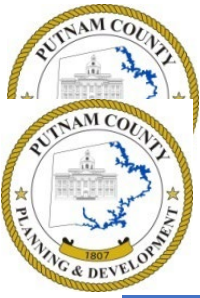
Applicant Signature: _____ Date: _____

I swear that I am the owner of the property listed above. I authorize _____ (applicant's name) to apply for a zoning action (zoning map amendment, conditional use, variance) at the above listed address, as identified on the attached application.

Owner signature

Notary Public

Sworn and subscribed before me this
_____ day of _____ 20____.



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CAMPAIGN CONTRIBUTION DISCLOSURE

Has applicant made \$250 or more campaign contributions to a local government official within two years immediately preceding the filing of this application? Yes No If yes, please complete contribution affidavit.

If the business of the applicant or owner, or the applicant or owner individually, have made contributions or gifts having a total value of over \$250 or more to any elected official in Putnam County within two (2) years preceding the date of this application, the following must be completed:

Name of Recipient	Date	Contribution Amount	Description of Gift	Value of Gift

Name of Business: _____

Business Ownership Interest: _____ Property Ownership Interest: _____

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

Owner or Applicant Signature

Notary Public
Sworn and subscribed before me this
_____ day of _____ 20____.