

SPECIAL USE PERMIT APPLICATION

For All Uses

Except Collective Residences; Hotel Motel and Extended-Stay Hotel and Places of Worship)

RECEIVED

City of Snellville, Georgia **Department of Planning & Development** OCT 1 6 2021

DATE RECEIVED

2342 Oak Road, 2nd Floor

CITY OF SNELLY 2428 MAIN ST #2400395 RZ 24-05
PLANNING & DEVEL PARCEL 5026 051; 177 AND 107

RZ 24-05; SUP 24-03 & RZ 24-06

Snellville, Georgia 30078 Phone 770.985.3515 Fax 770.985.3551

www.snellville.org

SNELLVILLE COMMUNITY CHURCH

Property Owner	
Applicant is: (check one) □ Attorney for Property C □ Property Owner's Agen	ner Property Owner (if not the applicant): □ check here if additional property owners and attach additional sheets.
Frank J Schaefer	
Name (please print) Trustee	Name (please print)
Title Snellville Community Church, Inc.	Title
Corporate Entity Name 2428 Main St E	Corporate Entity Name
Mailing Address Snellville, GA 30078	Mailing Address
City, State, Zip Code 678.522.6598	City, State, Zip Code
Phone Number (wk) (cell) andy.1972@att.net	Phone Number (wk) (cell)
Email Address	Email Address
Requested Special Use (see Uses Requiring a Special Use Perr): Stacked Flats
This SUP application is also being filed along with applications	-: ☑ Rezoning □ Land Use Plan Amendment □ None
Present Zoning District Classification: CI/TC-R P	sent Future Land Use Classification: Towne Center
Proposed Zoning District Classification: TC-R	posed Future Land Use Classification: Towne Center
Property Street Address: 2428 Main St E, Snellville, GA 30078	Acreage: 7.77 Tax Parcel No.: 5025 051, 177, 1
APPLICATION FEES:	rhout rezoning); or \$250 with rezoning

- Public Notice Sign
- 75 (single-sided) or \$125 (double-sided) per parcel, per road frontage
- Adjoining Property Owner Notice \$ 15 (per adjoining property X 2 public hearings)

Special use permits may not be used for securing early zoning for conceptual proposals which may not be undertaken for more than 6 months from the date the application is submitted. A special use permit application will be considered only if it is made by the owner of the property or their authorized agent.

SPECIAL USE: A use which while not permitted as a matter of right may be allowed within a given zoning district when meeting standards as prescribed by this UDO. Special land uses have operational characteristics and/or impacts that are significantly different from the zoning district's principal authorized uses and therefore require individual review pursuant to the standards and criteria set forth in this UDO.

UDO Sec. 103-10.1. General: Special use permits are intended as a means for the City Council to authorize certain uses that are not permitted by-right in a zoning district. Special use permits may be subject to meeting specific standards by Chapter 200 Article 6 (Use Provisions), but still require individual review by City Council because of the increased potential for incompatibility with its immediate neighborhood.

CERTIFICATIONS

APPLICANT'S CERTIFICATION

The undersigned below does hereby, swear or affirm under penalty of perjury under the laws of the State of Georgia, is authorized to make this application for a Special Use Permit and that the statements and documents submitted as part of this application are true and accurate to the best of my knowledge or belief. The undersigned is aware that no application or re-application affecting the same land shall be acted upon within six (6) months from the date of last action by the Mayor and Council.

I, the undersigned applicant, understand and agree that the Special Use Permit, if approved, shall automatically terminate if the event that this property is sold, transferred or otherwise conveyed to any other party, or the business which operates the special use is sold, transferred, or otherwise conveyed or discontinued.

- 1-	HAMMAN R
	of Applicant
Signature	of Amplicant

AMES D. JACORI

MANGER

Type or Print Name and Title

Signature of Notary Public

Date

Affix Notary Seal



PROPERTY OWNER'S CERTIFICATION

The undersigned below, or as attached, swear and affirm that I am (we are) the owner of property that is subject to this application, as shown in the records of Gwinnett County, Georgia which is the subject matter of the attached application. I further authorize TARK CAND Communities INC to file this application. The undersigned is aware that no application or re-application affecting the same land shall be acted upon within six (6) months from the date of last action by the Mayor and Council.

☐ Check here if there are additional property owners and attach additional "Owner's Certification" sheets.

Signature of Owner

Date

- FRANK I

HAEFER TRUSTER

Type or Print Name and Title

Signature of Notary Public

7/10/24

Date

CONFLICT OF INTEREST CERTIFICATIONS FOR SPECIAL USE PERMIT

The undersigned below, making application for a Special Use Permit, has complied with the Official Code of Georgia Section 36-67A-1, et. seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on forms provided. ☐ Check here if there are additional property owners and attach additional "Conflict of Interest Certification" sheets. Signature of Applicant Signature of Applicant's Attorney or Representative Signature of Notary Public **DISCLOSURE OF CAMPAIGN CONTRIBUTIONS** Have you, within the last two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more or made gifts having in the aggregate a value of \$250.00 or more to any member of the Mayor and City Council or any member of the Snellville Planning Commission? If the answer above is YES, please complete the following section:

NAME AND OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (list all which aggregate to \$250 or More)	DATE CONTRIBUTION WAS MADE (Within the last two years)

	Check	here	and attach	additional	sheets i	f necessary	to disc	lose or	describe al	l contributions	or git	ts
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AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the Department of Planning and Development of the City of Snellville, Georgia to inspect the premises, which are the subject of this rezoning application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of Owner or Agent

Data

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Date

Type or Print Name and Title

Affix Notary Seal

Signature of Notary Public

Data

A COUNTY COUNTY

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AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the Department of Planning and Development of the City of Snellville, Georgia to inspect the premises, which are the subject of this Special Use Permit application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

FRANK S SCHAEFEK TRUSTEE
Type or Print Name and Title

Signature of Notary Public