



CONDITIONAL USE PERMIT APPLICATION

Applicant: _____ Evaluation Date: _____

Phone Number: _____ Address: _____

Requested Conditional Use: _____

Property Location: _____

(Physical Address or Roads property located on)

(Legal Description)

Route of travel:

Hours of Operation:

Specific Purpose of Conditional Use:

References:

Contact Information:

* If owners change hands you are required to notify this office of new contact information.

All Hall County Conditional Use Permits are currently restricted to a term of five (5) years.

Any other information, concerns or requests that would be helpful in approving the conditional use Permit.

Signature of Applicant or Agent for Applicant _____

Date of Evaluation: _____

Recommendation: Approval _____ Denied _____

Conditions of Approval:

Building-Zoning Administrator _____

****In consideration of the issuance of this permit, the applicant hereby certifies that the above statements are true and correct, and hereby agrees to comply with the zoning regulations and other regulations in effect. If in violation of regulations or through misrepresentation of facts, this conditional use permit then becomes invalid and applicant may be subject to penalties established.**