



APPLICATION FOR MULTI-FAMILY OR CLUSTER HOUSING

<u>THIS SPACE FOR OFFICE USE ONLY</u>			
USE TYPE: (check one)	CU <input type="checkbox"/>	PU <input type="checkbox"/>	CU w/SPR <input type="checkbox"/> PU w/SPR <input type="checkbox"/>
PROPOSED USE: _____			
MAP/ PARCEL NUMBER: _____		DISTRICT: _____	PERMIT NUMBER: _____
REFERENCE OTHER PERMITS: _____			
SETBACKS: Front: _____	Side: _____	Side: _____	Rear: _____ VARIANCES: _____
AGENDA DATE (If applicable): _____			
RECEIPT NUMBER: _____	AMOUNT: \$ _____	DATE: _____	
APPROVED BY: _____	DATE: _____		
CONDITIONS OF APPROVAL: _____			

PLEASE PRINT LEGIBLY

DATE: _____

1. Applicant Name _____
2. Proposed Use: _____
3. Application is for this type of business or use: _____
4. E-mail address for **primary contact** (required) _____
PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.
5. Applicant's Mailing Address: P. O. Box _____
Street Address _____
City _____ State _____ Zip _____
6. Applicant Daytime Phone _____ - _____ - _____
7. Property Owner's or Manager's Name _____
8. Address of Proposed Use: Street Address _____
City _____ State _____ Zip _____

9. What is the size of the property? _____ acres or _____ square feet
10. This project is new construction or conversion of existing space
11. On a separate sheet of paper, provide a drawing that shows the following information:
- A) The shape of the entire lot(s), including the location of streets adjacent to the property.
 - B) The location of all buildings, existing and proposed, including the setbacks of each building from the property lines.
 - C) The location of any streams, creeks, or easements.
 - D) The location of all parking and any outside storage areas.
12. How many units are proposed? Total _____
 Efficiencies _____ One-Bedroom _____ Two + Bedrooms _____
13. How many stories will the building(s) have? _____
14. How many **off-street** parking spaces will be provided? _____
15. Is this property on public sewer or septic tank? Sewer Septic Tank
16. Is there a creek, stream, or major drainage way on this property? Yes No
17. Is this property or a portion of this property located in an established 100 year flood plain? Yes No

PLEASE NOTE: This application applies to the construction on and use of a multi-family property. If any commercial business is proposed in addition to this use please alert staff and they will assist with a separate application. If signage is required please alert staff and they will assist with the separate signage application.

PLEASE READ, SIGN AND DATE

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE _____ DATE _____

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission
 If you have any questions and or concerns please contact us at info@mbpz.org**