



APPLICATION FOR
COMMERCIAL, INDUSTRIAL or INSTITUTIONAL USE

THIS SPACE FOR OFFICE USE ONLY

USE TYPE: (check one) CU PU CU w/SPR PU w/SPR AGENDA DATE (If applicable): _____

PROPOSED USE: _____

MAP/ PARCEL NUMBER: _____ DISTRICT: _____ PERMIT NUMBER: _____

REFERENCE OTHER PERMITS: _____

SETBACKS: Front: _____ Side: _____ Side: _____ Rear: _____ VARIANCES: _____

RECEIPT NUMBER: _____ AMOUNT: \$ _____ DATE: _____

APPROVED BY: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

PLEASE PRINT LEGIBLY

DATE: _____

1. Address of Proposed Use: _____
2. Application is for this type of business or use: _____
3. Applicant's Name: _____
Business Name: _____
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's Daytime Phone: _____ - _____ - _____
7. Property Owner's Name: _____

8. Is this application for **NEW CONSTRUCTION** Yes No (Interior Exterior)

PLEASE NOTE: Departmental approvals are required for all new construction projects.

9. If yes, 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 all existing and proposed buildings, with the setbacks from the property lines.
 - (C) The location of any streams, creeks, or easements.
 - (D) The location of all parking and any outside storage areas.

10. Is this application for **USE IN AN EXISTING STRUCTURE**? Yes No

11. Is your business already in operation at this location? Yes No

- 12. Is this property on Public Sewer? **or Septic Tank?**
- 13. The number of acres for the property? _____
- 14. Square footage of the existing/ proposed structure? _____ Structure height (if new)? _____
- 15. How many **off-street** parking spaces will be provided? _____
- 16. If this application is for a church or restaurant, how many seats will be provided? _____

PLEASE NOTE: All restaurants and prepared food services, whether new or a change of ownership, must supply approvals from the Macon Water Authority and either the Health Department or the Department of Agriculture prior to a zoning compliance being issued.

- 17. If application is for a restaurant, please check approvals you have received:
 Department of Agriculture Health Department Water Authority
- 18. Is there a creek, stream, or major drainage way on this property? Yes No
- 19. Is this property or a portion of this property located in an established 100-year flood plain? Yes No
- 20. Will signage be added or changed on this property? Yes No
- 21. Has this change already occurred? Yes No
- 22. Will there be a face change on any existing sign? Yes No
- 23. Has this change already occurred? Yes No

PLEASE NOTE: This application applies to the construction on and use of a commercial, industrial, or institutional property. If signage is required, please alert staff and they will assist with the separate signage application. Signage is NOT permitted under THIS 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**