



## COMMUNITY DEVELOPMENT USE ON REVIEW PERMIT APPLICATION

Use on Review Permit # \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
TAX PARCEL ID NUMBER: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PROPOSED USE: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby grants permission To the City of Athens Staff and Commission Members to visit, inspect, and photograph the building premises, land Etc., connected with the application.

\_\_\_\_\_ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby grants permission to the City of Athens to post any placard notice on the property that may be required by law for the request.

\_\_\_\_\_ **THE UNDERSIGNED**, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings, or illustrations submitted in support of this application and any specific oral representations made to the Director of Community Development on this application will be binding on the applicant unless stated at the presentation of this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ACTION OF BOARD OF ZONING APPEALS: \_\_\_\_\_ Date: \_\_\_\_\_

**USE ON REVIEW PERMIT APPLICATION SUBMISSION CHECKLIST**

**WARNING: IF ANY REQUIRED PORTION OF THE APPLICATION IS NOT SUBMITTED, THE APPLICATION MAY NOT BE ACCEPTED.**

Completed and signed Use on Review Permit Application.

All questions must be answered fully and legibly.

\_\_\_\_\_ **Interior Floor Plan**

\_\_\_\_\_ Submit one copy no larger than 11 x 17

\_\_\_\_\_ Show and label all entrance and exit doors and windows

\_\_\_\_\_ Show and label all rooms/areas, stairways, elevators, bathrooms, Etc.

\_\_\_\_\_ Show all seats, tables, counters, equipment, etc., as appropriate to the use

\_\_\_\_\_ Show all outdoor seating areas, if applicable

\_\_\_\_\_ Title block showing address, name of the business, name of the applicant(s) and square footage of the interior space.

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

\_\_\_\_\_ **Site Plan**

\_\_\_\_\_ Submit one copy no larger than 11 x 17

\_\_\_\_\_ Show subject site and surrounding buildings

\_\_\_\_\_ Show all cross streets

\_\_\_\_\_ Show all points of ingress and egress include curbcuts, entrance gates, and doors, etc.

\_\_\_\_\_ If use is contained in a multi-use building, show the exact location of the proposed use;

\_\_\_\_\_ Show and label any landscaping, trees, or open space on the property

\_\_\_\_\_ Show and label all parking available to on site and/or within 500 feet of the site

\_\_\_\_\_ Show dimensions of the parking spaced for the site.

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

\_\_\_\_\_ **APPLICATION FEE. CHECK FOR CURRENT FEE SCHEDULE.**

\_\_\_\_\_ Other pictures or exhibits that explain the nature of the use site. (not required but recommended)

\_\_\_\_\_ Letters of support from adjoining property owners (not required but recommended)

**PROPERTY OWNER'S AUTHORIZATION**

As the owner of \_\_\_\_\_, I hereby  
(Property address)  
Grant the applicant authorization to apply for the \_\_\_\_\_  
Use as described in this application. (Use)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Floor plan and Plot plan. As part of this application, the applicant is required to submit a floor plan and a plot or site plan with parking layout of the proposed use.
2. The applicant is the (check one)  
 Owner  
 Contract Purchaser  
 Lessee  
 Other: \_\_\_\_\_ of the subject property.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**NARRATIVE DESCRIPTION:**

3. The applicant shall describe below the nature of the request in detail so that the Board of Zoning Appeals can understand the nature of the operation and the use. The description should fully discuss the nature of the activity. (attach additional sheets if necessary)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**USE CHARACTERISTICS**

- 4. The proposed use on review permit request is for (check one):
  - A new use requiring a use on review permit.
  
  - An expansion or change to an existing use with a use on review permit,
  
  - Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_

- 5. Please describe the capacity of the proposed use:
  - A. How many patrons, clients, pupils and other such users do you expect?  
Specify time period (i.e., day, hour, or shift)  
\_\_\_\_\_  
\_\_\_\_\_
  
  - B. How many employees, staff, or other personnel do you expect?  
Specify time period (i.e., day, hour or shift)  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the proposed hours and the days of the operation of the proposed use:

**Day:**

**Hours:**

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. Please describe the noise emanating from the proposed use:

---

---

---

---

---

---

---

8. Describe any potential odors emanating from the proposed use and plans to control them:

---

---

---

---

---

---

---

---

---

---

---

9. Will any hazardous materials, as defined by the state and federal government, be handled, stored, or generated on the property?

---

---

---

---

---

---

---

---

---

---

---

**PARKING AND ACCESS REQUIREMENTS**

**10.** Standard spaces (10x20 in size) \_\_\_\_\_  
Handicapped accessible \_\_\_\_\_

**11.** Where is the parking located? (check one)  
 on site  
  
 off site  
If the parking will be located off site where will it be located?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: all off-site parking must be located within 500 feet of the main entrance of the proposed use. Where the owner of the principal use leased parking spaces a copy of the lease agreement must be provided with this application.

**12.** Please provide information regarding any loading and unloading facilities for the use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are the off-street loading facilities located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During what hours do you expect loading and unloading to occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How frequently will loading and unloading occur, per day, per week: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13.** Is street access to the property adequate or will improvements be needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITE CHARACTERISTICS:**

14. Will the proposed use be located in an existing building?       Yes       No

15. Do you propose to construct an addition to the building?     Yes       No  
If Yes give the square footage increase of the addition: \_\_\_\_\_

16. The proposed use is located in: (check one)

a stand along building

a house located in an residential district

a warehouse

a shopping center. Provide the name of the center: \_\_\_\_\_

an office building. Provide the name of the building: \_\_\_\_\_

Other. Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**END OF APPLICATION**