

SPECIAL USE PERMIT APPLICATION

For All Uses

[Except Collective Residences; Hotel Motel and Extended-Stay Hotel and Places (01-179)

City of Snellville, Georgia

Department of Planning & Development

SEP 1 3 2022

2340 SCENIC HWY #2200546 SPECIAL USE PERMIT SUP #22-05 PARCEL- 5026 316

2342 Oak Road, 2nd Floor

CITY OF SNELLVILLE

PLANNING & DEVELOPMENT CASE # SUP

Snellville, Georgia 30078

Fax 770.985.3551

www.snellville.org

Version 10-27-2020

	☑ Property Owner		
Applicant is: (check one)	☐ Attorney for Property Owner ☐ Property Owner's Agent	Property Owner (if not the additional property owners and at	applicant):
Art Brannen			
Name (please print) Member		Name (please print)	A A A A A A A A A A A A A A A A A A A
^{Title} 2338 Scenic Highway LLC		Title	and the second s
Corporate Entity Name 2341 Defoors Ferry Rd		Corporate Entity Name	
Mailing Address Atlanta GA, 30318		Mailing Address	
City, State, Zip Code 404-355-9500		City, State, Zip Code	
Phone Number (wk) bdc9500@gmail.com	(cell)	Phone Number (wk)	(cell)
Email Address		Email Address	
	es Requiring a Special Use Permit):	Restaurant, Drive-thru Rezoning Land Use Plan Ame	endment [[]X] None
This SUP application is also bei			
Present Zoning District Classif Proposed Zoning District Clas	ication: BG Preser sification: BG Propo	nt Future Land Use Classification:	Towne Center
Property Street Address: 2340) Scenic Hwy, Snellville GA	Acreage: <u>1.71</u> Ta	x Parcel No.: R5026 316
APPLICATION FEES:	Permit Application \$ 500 (with	out rezoning); or \$250 with rezoning	

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.

Adjoining Property Owner Notice \$ 15 (per adjoining property X 2 public hearings)

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.

NOTARY PUBLIC
Paulding County, GEORGIA
My Commission Expires 01/12/2025

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. 8/16 /2022 Date Signature of Applicant Art Brannen, Member Affix Notary Seal Type or Print Name and Title Judith A Alley **NOTARY PUBLIC** Paulding County, GEORGIA My Commission Expires 01/12/2025 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 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. avBraner 8/16/2022 Signature of Owner Art Brannen, Member Affix Notary Seal Type or Print Name and Title Judith A Alley

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.

Art Brannen, Member

Type or Print Name and Title

Affix Notary Seal

Signature of Notary Public Date

Judith A Alley
NOTARY PUBLIC
Paulding County, GEORGIA
My Commission Expires 01/12/2025

CONFLICT OF INTEREST CERTIFICATIONS FOR SPECIAL USE PERMIT

☐ check here if sheets.	ation on forms prov		d attach additional "Conflict of Interest Certification"
sileets.			
aobre	annew	8/16/2022 Date	Art Brannen, Member
Signature of Applica	ant	Date	Type or Print Name and Title
Signature of Applica	ant's Attorney or Repre	esentative Date	Type or Print Name and Title
Signature of Notary	Public Dey	8/16/22 Date	Affikt Northyleseal NOTARY PUBLIC Paulding County, GEORGIA My Commission Expires 01/12/2025
	DISCLO	SURE OF CAMPAI	IGN CONTRIBUTIONS
Have you, with	gregating \$250.00 o	or more or made gifts	eceding the filing of this application, made campaign s having in the aggregate a value of \$250.00 or more mber of the Snellville Planning Commission?
to any member	•		
to any member		YOUR NAME:	ART BRANNEN
to any member	⊠ NO	YOUR NAME:	ART BRANNEN section:
YES If the answer ab NAME AN POS OF GOV	⊠ NO		section: DATE CONTRIBUTION ggregate to WAS MADE
YES If the answer ab NAME AN POS OF GOV	NO ove is YES, please color official sition remains the color of the c	CONTRIBU	section: DATE CONTRIBUTION ggregate to WAS MADE
YES If the answer ab NAME AN POS OF GOV	NO ove is YES, please color official sition remains the color of the c	CONTRIBU	section: DATE CONTRIBUTION ggregate to WAS MADE

 \square Check here and attach additional sheets if necessary to disclose or describe all contributions or gifts.