



CONDITIONAL USE PERMIT APPLICATION

TELEPHONE 706-375-3177

Please Read Carefully Before Completing the Application: Activities not specified as Permitted Uses in the Chickamauga Zoning Ordinance, shall not be permitted unless a Conditional Use Permit is recommended for approved in a Public Hearing by the Chickamauga Planning Commission and final approval is granted in a Public Hearing by the Chickamauga City Council.

DATE: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's City, State, & Zipcode _____

Property Owner's Phone Number _____

Lessee's' Name (If Rental Property) _____

Address of Property Where Conditional Use is being applied for: _____

Tax Map and Parcel No. _____ Status of Taxes _____

Owner Occupied or Rental Property : _____

Is This Your (Applicant's) Primary Residence: YES ___ NO ___

Describe The Proposed Activity That The Conditional Use Is Being Applied For (In Your Own Words): _____

I hereby attest that I am the owner of the referenced property or I have attached written permission signed by the owner authorizing this application for a Conditional Use Permit.

Owner's Signature _____ **Date** _____

OFFICE USE ONLY

Zoned As _____ Permission Attached: Yes ___ No ___ Date Received _____

Fee \$ _____ Receipt # _____ Date _____ By: _____

Planning Commission Decision _____ Date _____

City Council Decision _____ Date _____