



**LINCOLN COUNTY  
PLANNING & ZONING DEPARTMENT**

P.O. Box 340  
107 Perryman Avenue  
Lincolnton, GA 30817  
PH# (706)359-5522 / FAX# (706) 359-5831

**Special Use Request:**

The undersigned requests that a Conditional Use be granted from Lincoln County Board of Commissioners for:

\_\_\_\_\_

Reason(s) for Request: \_\_\_\_\_

Property Location: \_\_\_\_\_  
This property has \_\_\_\_\_feet of frontage on the \_\_\_\_\_side of \_\_\_\_\_ and is approximately \_\_\_\_\_feet from the intersection of \_\_\_\_\_. This property's total area is approximately \_\_\_\_\_acres. The attached survey plat for the property was prepared by \_\_\_\_\_.

**Applicant and Ownership Information:**

Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**I hereby depose and say under penalties of perjury that all of the statements contained herein or submitted with this application are true.**

\_\_\_\_\_

Owner/Applicant

Please return original notarized application with all documents, along with your \$200 **non-refundable** application fee to:

Lincoln County Planning and Zoning  
P.O. Box 340  
107 Perryman Avenue  
Lincolnton, GA 30817

**Special Use Standards:** The Special Use shall be approved if it meets ALL the following factors:

- (1) A rezoning to a more intensive zoning district, which contains that use as a use by right, would not be appropriate for the property.
- (2) The location and character of the Special Use shall be compatible with the community development pattern and consistent with the needs of the neighborhood.
- (3) The Special Use will not be injurious to use and enjoyment of the natural environment or of other property in the immediate vicinity, or diminish and impair property values within the surrounding neighborhood.
- (4) The Special Use will not increase state or local expenditures in relation to the cost of servicing or maintaining neighborhood properties.

File # \_\_\_\_\_

Map/Parcel: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

B.O.C. Date \_\_\_\_\_

CHECK# \_\_\_\_\_

Date Applied \_\_\_\_\_