



CITY OF GUYTON

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www.cityofguyton.com
Working Together to Make a Difference

Special Permit Use Application

Applicant Name: _____

Applicant Mailing Address: _____

Phone Number: _____ Email Address: _____

Street Address of Property: _____

Describe the requested special use: _____

(continue on back of page if needed)

I am the owner of the property: YES NO
If you are not the property owner, written permission from the owner stating approval for this special permit use request must be attached)

Applicants Signature

Date

The Zoning Official or City Clerk will review this application and confirm if special permit use is required for requested use. If required, the applicant will initial below, acknowledging the public hearing dates and process needed for approval. Fee will be required at this time.

To be completed by Zoning Official:

Parcel ID: _____ Current Zoning: _____

Code Section Affected: _____

Invoice Number: _____ Amount: _____ Date Paid: _____

Planning & Zoning Public Hearing Date: _____

Notification sent: _____ Planning and Zoning Decision: _____