

EFFINGHAM COUNTY CONDITIONAL USE APPLICATION

| Applicant: | | |
|--|----------------|--------|
| Mailing Address: | | |
| Phone Number: | _ | |
| Property Owner Name: | | |
| Physical Address for Conditional Use: | | |
| | | |
| Acreage: | Present Zoning | |
| Tax Map# Parcel# | | |
| Reason for Request: | | |
| | | |
| Will the business be conducted within the ho | - | |
| Signature | Date | |
| ************ | *********** | ****** |

This application must be accompanied by:

- A plat of the property
- A list of adjoining property owners within 200 feet (Tax Assessor's office)