



**Greene County
Building and Zoning Department**

Chuck Wooley
Building Official

1034 Silver Drive, Suite 103 Telephone (706) 453-3333
Greensboro, Georgia 30642 Fax (706)453-2579
www.greencountyga.gov

Conditional Use Permit Application

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email: _____
Status: _____ Owner _____ Authorized Agent
Signature: _____

Property Owner Information

Property Owner: _____
Address: _____
City: _____ State: _____ Zip: _____

Property Information

Address: _____
Parcel Number: _____ Acreage: _____ Zoning: _____
Current Use: _____
Proposed Use: _____

If the Applicant is NOT the property owner, this section must be completed AND notarized:

I/we swear that I am/we are of all of the owner(s) of the property, which is the subject matter of the attached application, as is shown in the records of Greene County, Georgia. I/we authorize the person named above to act as Applicant in the pursuit of the requested action.

Sworn to and subscribed before me this
____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

Authorized Agent

Property Owner(s) Signature