



**Gilchrist County Community Development
Planning & Zoning**
209 SE 1st Street Trenton, FL 32693
Phone: (352) 463-3173 Fax: (352) 354-9113

Special Use Permit Application Steps

Step 1 – Application & Staff Review

- Schedule Pre-Application conference with Planning Director (352) 463-3173.
- Submit Application with Required Documentation
 - ✓ Recorded Copy of Deed
 - ✓ Agent Authorization (if applicable)
 - ✓ Conceptual Site Plan
 - ✓ \$450 Application Fee (other fees may apply and subject to change)
 - ✓ If applicable:
 - Suwannee River Water Management approval
 - DOT Approval
 - Other: _____

Staff will review and applicant will be notified if other documentation is needed or that the application will be placed on the BOCC agenda.

Step 2 - Staff Recommendation and Review by Planning Commission

- Planning Director will prepare a report for recommendation
- Staff will post notices on proposed property sites, mail out notices, and advertise in paper.
- Review by Board of County Commissioners as the Planning Commission.



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Special Use Application

Owner Name:			
Mailing Address:			
City: State: Zip:			
Contact phone number:			
E-mail:			
Applicant (if other than owner)			
Name:	<input type="checkbox"/> Agent for Owner		<input type="checkbox"/> Contract Purchaser
Mailing Address:			
City: State: Zip:			
Contact phone number:			
E-mail:			
Property Information			
<input type="checkbox"/> More than 1 parcel - Additional parcel request must submit additional parcel form			
Parcel Number:	Number of Acres:		
Project Address:			
Current Use of Property:			
Please indicate number of existing structures on property			
Mobile Homes:	Shed/Barns:	Single Family Homes:	Other:
Are you replacing a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Exception Information			
This is a request for a Special Use Permit for:			

Signature of Owner/Contractor/Agent Date _____
STATE OF FLORIDA COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this ____ day of ____, 20 ____ by (name of person making statement).

Signature of Notary Public - State of Florida
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ___ OR Produced Identification _____
Type of Identification Produced _____



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STAFF USE ONLY

Land Use Classification	
Parcel Number	
Wetlands on property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit required from Suwannee River Water Management District (386) 362-1001, prior to building permit issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevation Certificate Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Staff Recommendation - Attached

Hearing scheduled before Planning Commission (Gilchrist County Board of County Commissioners)-

Date: _____ Time: _____ p.m.

14 day prior to hearing

Gilchrist County Journal Ad Date: _____ Staff _____

Property posted date: _____ Staff: _____

Adjoining property owners mailed letters date: _____ Staff: _____

(Copies of proof of above will be place in file)



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Additional Parcel Form for Special Use Application
Please attach to Special Use Application

Owner Information			
Owner/Applicant Name:			
Property Information			
<input type="checkbox"/> More than 1 parcel - Additional parcel request must submit additional parcel form			
Parcel Number:		Number of Acres:	
Project Address:			
Current Use of Property:			
Please indicate number of existing structures on property			
Mobile Homes:	Shed/Barns:	Single Family Homes:	Other:
Are you replacing a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Information			

Property Owner Signature

Date