



City of Springfield

Application for Special Exemption

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Applicant Name: _____

Applicant Mailing Address: _____

Phone Number: _____ Email Address: _____

Street Address of Property: _____

Describe the requested Exemption from the Zoning requirements and explain why you are requesting it:

(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 exemption request must be attached)

Applicants Signature

Date

The Zoning Official will review this application and confirm if a Special Exemption request is appropriate. A fee will be assessed, and payment will be due prior to any required public notices being posted. Public hearing dates will be mailed to you once this application is approved.

To be completed by Zoning Official:		
Parcel ID: _____	Current Zoning: _____	
Code Section Affected: _____		
Invoice : _____	Amount: _____	Date Paid: _____
Planning & Zoning Public Hearing Date: _____		
City Council Public Hearing Date: _____		Notification sent: _____
Planning and Zoning Recommendation: _____		
Zoning Official: _____		
City Council Decision: _____		
City Clerk: _____		