



# CITY OF ATLANTA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
55 TRINITY AVENUE, S.W. SUITE 3350 – ATLANTA, GEORGIA 30303-0308  
404-330-6145 – FAX: 404-658-7491  
[www.atlantaga.gov](http://www.atlantaga.gov)

## APPLICATION TO TRANSFER SPECIAL PERMIT

The undersigned does hereby make application to transfer:

TR - \_\_\_\_ - \_\_\_\_

Special Use Permit

Special Exception Permit

Special Administrative Permit

To be completed by the new owner/operator of Special Permit:

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Business/Owner Name:** \_\_\_\_\_

To be completed by the current holder of Special Permit:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Instructions:

- **Special Permit Transfer applications are processed on an “as requested” basis and may take up to 45 (forty-five) business days for review by Staff and/or legislative process.**
- Provide a copy of the original ordinance/approval for special permit.
- Complete Transfer Application Form.
- Complete Applicant Affidavit (see page 2).
- Complete previous owner affidavit or submit a letter from previous/current owner authorizing the transfer of Special Use Permit to the new applicant (see page 3).
- Submit completed application with notarized signatures.
- **Application fee of \$200 due at the time of application submittal.**

## APPLICANT AFFIDAVIT

I swear and affirm that I am the owner/lessee of \_\_\_\_\_  
(indicate address of subject property) which is the subject of the request for a transfer of a special permit for \_\_\_\_\_ (permit number). I affirm that I am thoroughly familiar with and will abide by the terms/conditions of the original permit.

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

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### NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF THE ABOVE NAME(S), WHO SWEAR THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

## OWNER STATEMENT

**I swear and affirm that I am/was the owner of the property subject to the proposed special permit transfer. I hereby grant the transfer of special permit located at**

\_\_\_\_\_ (*Property Address*) **to** \_\_\_\_\_ (*New owner/applicant*).

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City                      State                      Zip Code**

\_\_\_\_\_  
**Telephone Number**

## **AUTHORIZATION TO INSPECT PREMISES**

**With the signature below, I authorize the staff of the City of Atlanta to inspect the premises, which are the subject of this special permit transfer application.**

**I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
**Owner or Agent of Owner (Applicant)**

### **NOTARIAL STATEMENT**

**PERSONALLY APPEARED BEFORE ME PERSON(S) OF THE ABOVE NAME(S), WHO SWEAR THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**Notary**

\_\_\_\_\_  
**Date**