

## SPECIAL LAND USE PERMIT (SLUP) APPLICATION CHECKLIST

### for Personal Care Home or Child Care Institution for (4) to (6) Persons, with no new construction

Submit application through our online portal [www.epermits.dekalbcountyga.gov](http://www.epermits.dekalbcountyga.gov)

You must also email your application number and one (1) copy of your application as one (1) PDF file to [plansustain@dekalbcountyga.gov](mailto:plansustain@dekalbcountyga.gov) and copy [lahill@dekalbcountyga.gov](mailto:lahill@dekalbcountyga.gov).

- \_\_\_\_\_ 1. Schedule a mandatory, virtual **Pre-Application Conference** with Planning & Sustainability staff, by appointment. Please email [lahill@dekalbcountyga.gov](mailto:lahill@dekalbcountyga.gov) for appointment.
  - \_\_\_\_\_ 2. Hold a **Pre-Submittal Community Meeting** with nearby neighborhood associations and residents. Provide documentation of the meeting (**meeting notice and sign in sheets, recording if it is virtual**).
  - \_\_\_\_\_ 3. \*Submit **Application** through portal [www.epermits.dekalbcountyga.gov](http://www.epermits.dekalbcountyga.gov) and email Staff the application number to the Plansustain email address and to [lahill@dekalbcountyga.gov](mailto:lahill@dekalbcountyga.gov)
- Please assemble materials in the following order:**
- \_\_\_\_\_ 4. **Application form** with name and address of applicant and owner; and the subject property address.
  - \_\_\_\_\_ 5. **A. Pre-submittal community meeting notice and sign-in sheet** and other documentation of meeting.
  - \_\_\_\_\_ 6. **B. Letter of application** identifying a) the reason for the Special Use request, b) the existing and proposed use of the property, c) detailed characteristics of the proposed use (e.g., floor area, height of building(s), number of units, mix of unit types, number of employees, manner and hours of operation). See Page 3.
  - \_\_\_\_\_ 7. **C. Impact Analysis** of the anticipated effect of the proposed use and rezoning on the surrounding properties in response to the standards and factors specified in Article 7.3 of the DeKalb County Zoning Ordinance. (See Page 4.)
  - \_\_\_\_\_ 8. **D. Authorization Form**, if applicant is not the owner. Must be signed by all owners of the subject property and notarized. Authorization must contain the mailing address and phone number of any applicant or agent who is authorized to represent the owner(s) of the subject property.
  - \_\_\_\_\_ 9. **E. Campaign disclosure statement** (required by State law).
  - \_\_\_\_\_ 10. **F. Building Form Information**. Photos of existing building, property and parking area. Floor plans of structure showing bedrooms, bathrooms and living space.
  - \_\_\_\_\_ 11. **G. Completed, signed Pre-Application Form** (Provided after pre-application meeting).
  - \_\_\_\_\_ 12. **I. Confirm the property is over 1,000 feet from any other group care home.** The one-thousand-foot distance requirement is measured by a straight line which is the shortest distance (i.e., "as the crow flies") between the property lines of the two (2) tracts of land on which the group personal care homes are located.

Confirm at: [forms.dch.georgia.gov/HFRD/GaMap2Care.html](http://forms.dch.georgia.gov/HFRD/GaMap2Care.html) Use this map Use the map to search for identify other "Personal Care Homes" (PCH) and/or "Child Care Institution" (CCI) ". Select both of those types on the left-hand side and then click "search".

### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

You must also email your application number and one (1) copy of your application as one (1)

\*PDF file to [plansustain@dekalbcountyga.gov](mailto:plansustain@dekalbcountyga.gov) and copy [lahill@dekalbcountyga.gov](mailto:lahill@dekalbcountyga.gov).