



Lamar County Planning Department

P.O. Box 1240 – 144 Shelby Speights Dr.

Purvis, Mississippi 39475

Phone: 601.794.1024

www.lamarcountymiss.gov

CONDITIONAL USE WORKSHEET

(To be included with the General Application Form)

PETITION NUMBER: _____ CURRENT ZONING CLASSIFICATION: _____
PPIN NUMBER: _____

This property is located on the _____ side of _____
North/South/East/West Street Name

and lies between _____ and _____
Street Name Street Name

Adjacent properties zoning classification and current use:

Property(s) to the NORTH: Zoning Classification: _____ Current Use: _____
(Agricultural, Residential, Commercial, Industrial, Vacant)

Property(s) to the SOUTH: Zoning Classification: _____ Current Use: _____
(Agricultural, Residential, Commercial, Industrial, Vacant)

Property(s) to the EAST: Zoning Classification: _____ Current Use: _____
(Agricultural, Residential, Commercial, Industrial, Vacant)

Property(s) to the West: Zoning Classification: _____ Current Use: _____
(Agricultural, Residential, Commercial, Industrial, Vacant)

Current Property data:

Lot Frontage: _____ feet Lot Depth: _____ feet

Square Footage/ Acreage: _____ Improved or Unimproved: _____

If improved, number of existing buildings: _____

Use of buildings? Agricultural, Residential, Commercial, Industrial, Other

For All Applications:

A. Is the property in a Special Flood Hazard Area? Yes / No Per Panel: _____

B. What is the purpose of the request? _____

C. Are there any Zoning Ordinance violations on this property? YES or NO

If YES, please explain: _____

D. Screening or buffering being provided: YES or NO

If YES, please explain: _____

E. Other Permits Required:

Lamar County Site Plan (*if non-residential*): YES or NO

MS Department of Transportation (*State HWY / Longleaf Trace*) Driveway Permit? YES or NO

MS Department of Health On-Site Wastewater? YES or NO

MS Department of Environmental Quality New Community Sewer? YES or NO

MS Department of Environmental Quality Stormwater (*5 acres or larger disturbed*)? YES or NO

Local Water Association Provider Name if available: _____

Local Sanitary Sewer Provider Name if available: _____

Electric Power provider Name if available: _____

Any other not listed immediately above: _____

F. Provide a written statement describing your proposed use. Include any information you may believe is pertinent to the review and consideration of your proposal.

For Proposed Residential (Manufactured Homes):

- A. Distance to nearest residentially used manufactured home? _____ FT
- B. Direction to the nearest residentially used manufactured home? NORTH/ SOUTH/ EAST/ WEST

For Non-Residential:

- A. Will there be any pedestrian or vehicular traffic generated? YES or NO
If YES, how will pedestrians and parking be accommodated: _____
- B. How many employees per shift? _____
- C. Any discharge of air, liquid, or solids? YES or NO.
If YES, please explain: _____
- D. How will trash be disposed of? _____
Note: Lamar County does not provide Sanitation Service to non-residential uses.
- E. Will there be any outside Storage? YES or NO.
If YES, please explain: _____
- F. Operational hours: _____ Days of the week: Mon, Tue, Wed, Thu, Fri, Sat, Sun

Applicant Comments or Additional Notes:

STAFF ONLY (For Record Purposes)

The Lamar County Planning Commission does hereby find that the proposed conditional use satisfies the following provisions:

- A. General Compatibility with the surrounding area.
- B. Appropriate utilities are available.
- C. Trash and other discharges are properly being disposed of.
- D. Pedestrian and Vehicular traffic is being accounted for.
- E. Screening, buffering, and required yards or open space are adequate for the proposed use.

Motion: _____ Second: _____ Vote Count: _____ - _____ - _____
 Last Name Last Name For Against Abstain

Conditions placed on the request by the Planning Commission: _____

The Board of Supervisors does hereby find that the proposed conditional use satisfies _____ of the above required criteria and decided to _____ the petition. *All/Part/None*
Approve/ Deny

Motion: _____ Second: _____ Vote Count: _____ - _____ - _____
 Last Name Last Name For Against Abstain

Conditions placed on the approval by the Board of Supervisors: _____

Staff Notes: _____