

APPLICATION FOR ZONING CONSIDERATION CITY OF GLENNVILLE

Date: _____

Application No.: _____

Name of Applicant: _____ Phone Number: _____

Mailing Address (P.O. Box Not Accepted): _____

Name of Property Owners: _____ Phone No.: _____
_____ Phone No.: _____

Address of Subject Property: _____

Zoning Classification: Present: _____ Proposed: _____

Use of Property: Present: _____ Proposed: _____

Please select an option:

- Text Amendment:** If the requested change is to make a text amendment, explain below why it is proposed.
- Map Amendment:** If the requested change is not to extend an adjacent zoning district, explain below why this property should be placed in a different zoning district than all the adjoining properties? (How does your property differ and why should it be subject to different restrictions?); or, If the requested change extends an adjacent zoning district to include the property, explain below why the change should be made.
- Variance or Special Exception:** If the requested change is for variance or special exception, please explain any extraordinary conditions pertinent to the subject property or use, any unnecessary hardships that would be caused if relief or exception were not granted, and how the general health, safety, and welfare of the public would not be adversely affected.

Attach the following items:

1. Legal description of property (e.g. copy of deed) that includes full metes and bounds description rather than plat description.
2. Plat showing property lines with lengths and bearings, adjoining streets, locations of existing and proposed buildings, north arrow and scale.
3. A filing fee payable to the City of Glennville, according to the following schedule:
 - \$20.00 Special Exception
 - \$400.00 Rezoning

**There is also a fee for advertising that will be charged to the applicant after the City has received billing for the affected publication.

THIS APPLICATION MUST BE FILED 30 DAYS PRIOR TO THE REGULARLY SCHEDULED MEETING OF THE GLENNVILLE PLANNING COMMISSION

AUTHORIZATION OF PROPERTY OWNER

I swear that I am the property owner of the subject property, as is shown in the records of Tattnall County, Georgia. I authorize the person named below to act as the applicant in pursuant to the request to amend the Zoning Map of the City of Glennville. Sworn and subscribed before me this ____ day of _____, 20__.

Property Owner Signature

Notary Public

AUTHORIZATION OF ATTORNEY

I swear that as an attorney at law, I have been authorized by the property owner of the subject property to file this application. Sworn and subscribed before me this ____ day of _____, 20__.

Attorney Signature

Notary Public

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

List the name of each current elected official of the City of Glennville that the applicant has made campaign contributions to aggregating \$250.00 or more within the last two years. List the name of each and title held in government of each elected official, and the amount of the contribution.

Name

Amount

APPLICANT SIGNATURE

I hereby authorize the staff of the City of Glennville, Georgia to inspect the premises of the above-described property. I hereby depose and say that all statements are true and correct. Sworn and subscribed before me this ____ day of _____, 20__.

Applicant Signature

Notary Public