



Community Development

100 Ridley Avenue
LaGrange, GA 30240
(706) 883-1650

Receipt #: _____
Review Fee: _____
Received By: _____

REZONING APPLICATION

Case Number: _____ Filing Date: _____

Applicant's Name: _____ Phone Number: _____

Property Owner: _____ Phone Number: _____
(If different from applicant)

Mailing address of Property Owner: _____

Tax Map Number: _____

Subject Property

Address: _____

Purpose of Zoning Change Request: _____

Parcel Size: _____ Acreage to be Rezoned: _____

Zoning District: Present: _____ Requested: _____

Use of Property: Present: _____ Requested: _____

Use of Abutting Property: North: _____ South: _____

East: _____ West: _____

Application taken by: _____

Board of Zoning & Planning Appeals Board recommended Rezoning action: _____

I, _____ owner of property do hereby request above action and authorize the staff of Troup County to inspect the premise of the above described property.

APPLICANT REZONING DISCLOSURE STATEMENT

(REQUIRED BY TITLE 36, CHAPTER 67A O.C.G.A.)

PROPERTY/FINANCIAL DISCLOSURE

Does any member of the Board of Commissioners, or Planning Board, or family member has a property interest in the subject property?

If so, describe the nature and extent of such interest: _____

CAMPAIGN CONTRIBUTION DISCLOSURE

Has the applicant made, within (2) two years immediately preceding the filing of this application for rezoning, campaign contributions aggregating \$250.00 or more, or made gifts having a combined value of \$250.00 or more to a member or members of the Board of Commissioners or Planning Board?

If so, give the name of the member(s) to whom the campaign contribution or gift was made, the dollar amount of each campaign contribution, and an enumeration and description of the gift:

I certify that the foregoing information is true and correct, this _____ day of _____.

Applicant's Signature