

## **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:	Email:	
Property Owner:		Phone Number:
(If different from applicant)		
Mailing address of Property Own	er:	
Tax Map Number:		
Subject Property		
Address:		
Purpose of Zoning Change Reque	est:	
Parcel Size:	Acreag	ge to be Rezoned:
Zoning District: Present: Req		uested:
Use of Property: Present: Req		uested:
Use of Abutting Property: North:		South:
		West:
l,	_ owner of property do he	ereby request above action and
		of the above described property.
Application taken by:		
Board of Zoning & Plar	nning Appeals Board reco	mmended Rezoning action:
Approve:	Deny:	Vote:
Chairman's Signature:		Date:
BO	C recommended Rezoning	g action:
Approve:	Deny:	Vote
Chairman's Signature:		Date:

## APPLICANT REZONING DISCLOSURE STATEMENT

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

<b>PROPERTY</b>	/FINANCIAL	<b>DISCLOSURE</b>
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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