



FORT OGLETHORPE ADVISORY BOARD APPLICATION FOR ZONING AMENDMENT

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

CASE NUMBER: _____	Date Received: _____	Application Fee: _____
PLANNING ADVISORY BOARD HEARING DATE: _____		Time: _____
<i>This box is to be filled out by City of Fort Oglethorpe staff</i>		

Owner's Name: _____

Mailing Address

City/State/Zip: _____

Phone: _____ **Email:** _____

Location Address: _____

Tax Parcel: # _____

Current Zoning: _____ **Requested Zoning:** _____

REASON FOR CHANGE: _____

I swear under penalty of law that within information is true, correct, and complete

Owners Signature: _____ **Date:** _____

Planning Commission Decision: _____	Date: _____
<i>This box is to be filled out by City of Fort Oglethorpe staff</i>	

This application must be filed by the 5th of the month to be considered for the PLANNING ADVISORY BOARD MEETING of the following month.

The PLANNING ADVISORY BOARD decision in a variance matter will be a recommendation to the City Council who will make the final decision. Withdrawals prior to a hearing must be made in writing by the applicant.

Attendance at the planning advisory board meeting is strongly encouraged. Failure to attend may result in a denial of your application/request. If you are unable to attend, it's recommended that you find a representative in your place to answer any questions the board may have. Please contact the building official as soon as possible if you or your representative are unable to attend.

Building Official: Office 706-866-2544 ext.1201 Cell 423-653-4110

PROPERTY OWNER AUTHORIZATION

Instructions: Each property owner must complete and sign a **Property Owner Authorization** page and provide the information requested under the **Owner Information Certification** section. In the event there is more than one property owner, a separate **Property Owner Authorization** page must be completed by each property owner.

OWNER INFORMATION CERTIFICATION

I swear that I am the owner of the property which is the subject matter of this application, as shown in the records of Georgia:

Name of Owner: _____

Owner's Address: _____

City/State/Zip Code: _____

Owner's Phone Number: _____

Owner's Cell Phone Number: _____

Print Owner's Name: _____

As the owner of the subject property I hereby authorize the person named below to act on my behalf as Applicant in the pursuit of a zoning variance for this property.

NOTARY PUBLIC CERTIFICATION

Instructions: All **Property Owner Authorization** sheets must be complete, signed and duly notarized.

NOTARY PUBLIC CERTIFICATION

Personally appeared before me the following

Signature of Owner

Who swears that the information contained in this authorization is true and correct to the best of his or her knowledge and belief

Notary Public

Date

ZONING VARIANCE CHECKLIST

- Application filed by the 5th of the month to be considered for the Planning Commission meeting the following month.
- Written legal description of property (e.g. copy of deed) full metes and bounds description and if available plat showing property lines with lengths and bearings, adjoining streets, locations of existing buildings, north arrow and to scale. Submit seven (7) copies if plat is 11" X 17" or smaller. Plat larger than 11" X 17", submit sixteen (16) copies.
- Disclosure of Campaign Contributions and Gifts form.
- If property owner and applicant are not the same, Authorization by Property form.
- Payment of filing fee to the city of Fort Oglethorpe.

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS
(Required by Title 36, chapter 67A. Official Code of GA Annotated)

Reference: Application filed on _____, to
Rezone real property described as follows:

Within the two (2) years preceding the above filing date, the applicant has made campaign contributions aggregating \$250.00 or more to any member of the City Council of the City of Fort Oglethorpe who will consider the application.

- () No, I have not made any contributions as described above.
() Yes, I have made contributions as described above.

Name of Official: _____

Dollar Amount: _____

I hereby depose and say that all statements herein are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

Sworn to and subscribed before me this ____ day of _____, _____

Notary Public, Georgia State at Large

My Commission Expires: _____