



# PLANNING ADVISORY BOARD APPLICATION FOR ZONING AMENDMENT

**THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**

*This box is to be completed by Zoning Official*

Date Received: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Receipt# \_\_\_\_\_

PLANNING ADVISORY BOARD HEARING DATE: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant notified of hearing date by \_\_\_\_\_ on the date of \_\_\_\_\_

### APPLICANT INFORMATION

Applicant name (include name of business, if applicable): \_\_\_\_\_

Applicant address: \_\_\_\_\_  
City State Zip code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### LOCATION INFORMATION

Location address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Requested Zoning: \_\_\_\_\_

Reason for change: \_\_\_\_\_

### OWNER INFORMATION (To be completed if owner of location is different than that of applicant)

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_  
City State Zip code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I swear under penalty of law that the information is true, correct, and complete.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*This box is to be completed by Zoning Official*

Planning Advisory Decision: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant notified of planning board decision by \_\_\_\_\_ on the date of \_\_\_\_\_

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 on a zoning matter will result in a recommendation to the City Council.

The City Council will make the final decision. Withdrawals prior to a hearing must be made in writing by the applicant.

Attendance at the Planning Advisory Board and City Council meetings is strongly encouraged. Failure to attend may result in a denial of this application/request. If you are unable to attend, it is recommended that you select a representative to attend in your place to answer any questions the board or the Council may have. Please contact the Building Official as soon as possible if you or your representative are unable to attend.

Zoning Official Contact Information:

Office – (706) 866-2544 ext.1201 Cell – (423) 290-5502

bdaniels@fortoglethorpega.gov

### ZONING AMENDMENT CHECKLIST

- Application filed by the 5<sup>th</sup> of the month to be considered for the Planning Advisory Board meeting the following month.
- Written legal description of property (i.e., copy of deed), full metes and bounds description, and plat showing property lines with lengths and bearings, adjoining streets, locations of existing buildings, north arrow and to scale (if available). Please submit seven (7) copies if the plat is printed on paper 11" x 17" or smaller. If the plat is printed on paper larger than 11"x 17", please submit sixteen (16) copies.
- Disclosure of campaign contributions and gifts form.
- Provide a completed owner authorization form. Provide an executed certificate of corporation resolution if the owner and/or applicant is a corporation.
- Payment of filing fee to the City of Fort Oglethorpe. Schedule of fees may be found at [fortogov.com](http://fortogov.com)

*Office Use:*

*Revised 8/26/2024*

Application received & placed in Zoning Official folder by: \_\_\_\_\_ Date: \_\_\_\_\_

Application fee receipt #: \_\_\_\_\_

**Zoning Official verified application completion:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Zoning Official Notes: \_\_\_\_\_

## 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, signed by the owner and the applicant, and duly notarized.

### 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:

Property owner (Please print legibly): \_\_\_\_\_

Property owner's signature: \_\_\_\_\_

Property owner's address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Property owner's phone number: \_\_\_\_\_

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 amendment for this property.

### Notary Public Certification

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

Notary Public Certification

Personally appeared before me the following

Signature of property owner: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

## Disclosure of Campaign Contributions

(Required by Title 36, Chapter 67A Official Code of GA Annotated)

Instructions: Each property owner and applicant **must** complete and sign a **Disclosure of Campaign Contributions** form. In the event there is more than one property owner, a separate Disclosure of Campaign Contributions form **must** be completed by **each** property owner, **each** applicant, signed by the owner and the applicant, and duly notarized.

Reference: Application filed on \_\_\_\_\_, for a zoning amendment to real property described as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Within the two (2) years preceding the above filing date, the **owner** and/or the **applicant** has made campaign contributions aggregating \$250 or more to any member of the Fort Oglethorpe City Council 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 Elected Official: \_\_\_\_\_

Dollar amount of donation: \$ \_\_\_\_\_

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

Signature of Owner: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_

Notary Public, Georgia State at Large

My Commission Expires: \_\_\_\_\_